

# County of Kent

## Michigan



# **Consolidated Housing and Community Development Five-Year Strategic Plan**

July 1, 2011 through June 30, 2016

## **County of Kent**

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# 3-5 Year Strategic Plan

This document includes Narrative Responses to specific questions that grantees of the Community Development Block Grant, HOME Investment Partnership, Housing Opportunities for People with AIDS and Emergency Shelter Grants Programs must respond to in order to be compliant with the Consolidated Planning Regulations.

County of Kent, Michigan Housing and Community Development Five-year Strategic Plan 2011 through 2015. Kent HOME Consortium, County of Kent\*, City of Wyoming.

## Executive Summary

An Executive Summary is required. The Summary must include the objectives and outcomes identified in the plan and an evaluation of past performance.

The 2011-2015 Consolidated Plan for the County of Kent, Michigan outlines the County's strategy for the next five years to address housing and community development needs of its very low, low, and moderate income families and individuals. The Plan is required as a prerequisite by the U.S. Department of Housing and Urban Development (HUD) for distribution of funds from the Community Development Block Grant (CDBG) program and Home Investment Partnerships Program (HOME).

The Consolidated Plan includes an estimate of the needs of various categories of lower income rental and homeowner households, an estimate of Kent County's non-housing community development needs, an estimate of the needs of homeless families and individuals, an estimate of the needs of special needs populations, lead-based paint needs, assisted housing needs, and an inventory of various types of assisted housing and non-assisted housing. The Plan also discusses barriers to affordable housing, the institutional structure and gaps affecting the provision of affordable housing, and fair housing impediments. All of the above is to be carried out pursuant to three major statutory goals whose primary beneficiaries are to be low and very low income persons. These goals are: providing decent housing, providing a suitable living environment, and expanding economic opportunities.

LSL Planning, Inc., under the direction of the County of Kent's Community Development Department, developed the Consolidated Plan. The process included a series of meetings held in County offices for the public, neighborhood groups, agencies and Local Units of Government (LUOG's). This included an In-Service Day for the LUOG's with presentations about the CDBG Program by Community Development Department staff, consultants and HUD Regional representative, Mr. Steve Spencer. Additionally, two public hearings were held to obtain further community input.

## OBJECTIVES AND OUTCOMES

The Consolidated Plan contains a significant amount of information about trends in the community, demographics, and economic and housing conditions of its residents. Information is specifically presented to determine needs of priority groups and gaps in the service of those needs. The Plan also provides background on the agencies and groups that provide the public services within the County. Based on this information, a series of priorities and objectives are established. The

following table summarizes the objectives and outcomes presented in the 2011-2015 Consolidated Plan.

**SUMMARY OF OBJECTIVES AND OUTCOMES  
2011-2015 CONSOLIDATED PLAN**

<b>Specific Objective</b>	<b>General Objective</b>	<b>Outcome</b>	<b>Performance Indicators</b>	<b>Expected Number</b>
Improve public facilities and public infrastructure to ensure access to a suitable living environment.	Suitable Living Environment	Accessibility	Number of persons with new or improved access to the public facility OR the public infrastructure.	Number to be included in each annual action plan
Public service activities funded to provide access to a suitable living environment.	Suitable Living Environment	Accessibility	Number of persons receiving increased access to transportation services	190 per year
			Number of seniors receiving increased or new access to healthy food (Senior Meals)	3000/year
			Number of teens receiving increased access to teen parenting services.	25 per year
			Number of seniors receiving access to information and referral services, and reduced social isolation through social programs.	500/year
Address the need for availability of decent housing through offering housing rehabilitation for low-income homeowners that addresses code compliance, weatherization and lead-safe improvements.	Decent Housing	Sustainability	Number of houses brought up to code through Kent County Moderate Rehab Program and HRS	105/year
Address the need for fair housing education and counseling on tenant rights and housing discrimination	Decent Housing	Accessibility	Number of persons receiving fair housing education. # of paired tests	2,000/year # of tests TBD/year
Address the need for affordable single family units by development of homes available to low- and moderate-income households up to 80% AMI and providing down payment assistance.	Decent Housing	Affordability	Number of households assisted; Number of home owner units developed	5/year

Specific Objective	General Objective	Outcome	Performance Indicators	Expected Number
Address the need for decent affordable rental housing units for households at and below 80% Area Median Income by developing additional rental units.	Decent Housing	Affordability	Number of households assisted; Number of rental units developed	5/year
Specific Objective: Address the need for homeowner counseling to prevent foreclosures.	Decent Housing	Sustainability	Performance Indicator #1 Number of persons receiving housing counseling from HRS	400/year
<u>HMIS</u> : Facilitate system-wide Homeless Management Information System (HMIS) for the community, including ensuring data quality, providing training and supports, and linking data to other data sets/research	Homeless	Sustainability	Increase the HMIS data coverage across the homeless system; all providers and programs entering data on all of HUD's Universal Data Elements	100% coverage from 14 agencies/ 33 programs

#### EVALUATION OF PAST PERFORMANCE

During the last five year Consolidated Planning period the County of Kent received over \$9.6 million in Community Development Block Grant funds and \$3.7 million in HOME Investment Partnership resources. Between program years 2006 and 2010, these resources were channeled to three main areas:

1. HUD allows 15% of the annual allocation to go toward public services that benefit low- and moderate income households. Based on needs expressed by the local units of government, the majority of the County's public service dollars help provide services for the elderly, disabled and low-income households in particular
  - a. Increased nutritional resources through providing healthy meals for seniors
  - b. Increased access to transportation through ITP Go!Bus and North Kent Transit to enable seniors to gain access to services they need
  - c. Increased access to senior center services through Senior Neighbors to meet the social and recreational needs of seniors.
2. The second area of resource allocation is public infrastructure and public facility improvements for low and moderate income households and the removal of architectural barriers for the elderly and disabled to public facilities. Throughout the past five years the bulk of these resources helped leverage local funds to accomplish:
  - a. Improved access to bike and walking trails
  - b. Increased accessibility to public parks and public neighborhood facilities for mobility impaired citizens
  - c. Improved access to sidewalks and roads in low-moderate income areas throughout the county; improvement of substandard infrastructure
3. The third area of investment of CDBG funds facilitated health and safety repairs and weatherization improvements to hundreds of low-income households throughout Kent County (not including Grand Rapids or Wyoming). Through Home Repair Services, ACSET and the Kent County homeowner rehabilitation program, low-income households were able to get help to address lead-based paint, septic tank problems, roof and furnace failures and

other code-related repairs in order to maintain their housing and in some cases prevent homelessness.

Through the Kent County HOME Investment Partnership program, new opportunities for low and moderate-income homeowners are being created and rental units for low-income households rehabilitated. While the past five years saw opportunity for new single family housing development in the HOME program, given drastic changes occurring in the housing market, the strategy has shifted toward reinvesting in the existing housing stock.

Over the past five years, the Kent County Housing Commission has increased the number of participants served through the Housing Choice Voucher Program adding 35 vouchers from the Veterans Assistance for Supportive Housing (VASH) program and 25 vouchers through the Family Unification Program. The Family Self-Sufficiency (FSS) program continued to serve approximately one-third of the HCV holders and five households have purchase homes through the HCV Homeownership Program which was established in 2006.

As a regional entity, the Kent County Community Development Department has participated in the local Continuum of Care efforts, Foreclosure Response Team, and worked with our counterparts in Grand Rapids and the City of Wyoming to assess common challenges and opportunities. The work of addressing housing and community development needs is done through partnering with the many nonprofit and public organizations mentioned throughout this plan. The County has worked to cultivate and strengthen the relationships with our partnerships and build capacity at the local level throughout the county to increase successful outcomes for the low and moderate-income individuals and areas we serve and will continue to do so in the next five year plan period.

## MANAGING THE PROCESS

### Consultation 91.200(b)

1. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.

The Kent County Community Development Department, 82 Ionia Avenue NW, Suite 390 Grand Rapids, MI 49503, (616) 632-7400, is the lead agency responsible for overseeing the development of the 2011-2015 Consolidated Plan for the County of Kent, Michigan and for administering HUD-funded grants:

CDBG Entitlement Grant: an annual grant that must provide either direct benefit to low- and moderate-income residents or an area-wide benefit to qualified low-moderate income target areas for the purpose of providing 1) decent housing 2) suitable living environments and/or 3) economic opportunities.

HOME Investment Partnership: an annual grant provided to participating jurisdictions to preserve and increase the supply of affordable housing to low- and moderate-income households. Requires a match from housing developers.

Shelter Plus Care Program: an annual grant providing the County with funds to contract with non-profit housing providers to provide permanent rental units with wrap-around support services to formerly homeless individuals. Requires matching funds from housing providers.

Housing Choice Voucher (HCV) Program: an annual grant to the Kent County Housing Commission to provide 390 Housing Choice Vouchers to low-income households to make up the difference between the households' payment ability and fair market rent in the community.

Family Self-Sufficiency Program: A program within the HCV program that provides case management services to assist families to create a plan for economic independence and self-sufficiency.

The County of Kent does not receive HOPWA or ESG funds which are mentioned in this plan.

2. Identify agencies, groups, and organizations that participated in the process. This should reflect consultation requirements regarding the following:
  - **General** §91.100 (a)(1) - Consult with public and private agencies that provide health services, social and fair housing services (including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, homeless persons) during the preparation of the plan.



- **Homeless strategy** §91.100 (a)(2) – Consult with public and private agencies that provide assisted housing, health services, and social services to determine what resources are available to address the needs of any persons that are chronically homeless.
- **Lead lead-based paint hazards** §91.100 (a)(3) – Consult with State or local health and child welfare agencies and examine existing data related to lead-based paint hazards and poisonings.
- **Adjacent governments** §91.100 (a)(4) -- Notify adjacent governments regarding priority non-housing community development needs.
- **Metropolitan planning** §91.100 (a)(5) -- Consult with adjacent units of general local government, including local government agencies with metropolitan-wide planning responsibilities, particularly for problems and solutions that go beyond a single jurisdiction, i.e. transportation, workforce, etc.
- **HOPWA** §91.100 (b) -- Largest city in EMSA consult broadly to develop metropolitan-wide strategy for addressing needs of persons with HIV/AIDS and their families.
- **Public housing** §91.100 (c) -- Consult with the local public housing agency concerning public housing needs, planned programs, and activities.

Representatives from agencies, organizations, and municipalities were invited to attend a workshop on December 10, 2010 to respond to preliminary data analysis and provide feedback. One session was held for agencies and organizations and one for municipalities. Local units of government representatives from Gaines Twp, Grattan Twp, Cascade Twp, and the City of Walker attended. The following agencies were also represented:

- Kent County Coalition to End Homelessness
- The Rapid Transit Agency
- Kent County Health Department
- Down Syndrome Association of West Michigan
- Senior Meals Program
- Arbor Circle Corporation
- Hope Network
- Senior Neighbors
- Inner City Christian Federation
- Disability Advocates of Kent County
- Network 180 (Community Mental Health)
- Hispanic Center
- Home Repair Services
- County Department of Veteran's Affairs

Other organizations who were consulted regarding the plan include North Kent Community Services in Rockford, LINC Community Revitalization (formerly Lighthouse Communities, Inc.), Wyoming Housing Commission, and the Rockford Housing Commission.

## **Citizen Participation 91.200 (b)**

3. Based on the jurisdiction's current citizen participation plan, provide a summary of the citizen participation process used in the development of the consolidated plan. Include a description of actions taken to encourage participation of all its residents, including the following:
  - low- and moderate-income residents where housing and community development funds may be spent;
  - minorities and non-English speaking persons, as well as persons with disabilities;
  - local and regional institutions and other organizations (including businesses, developers, community and faith-based organizations);
  - residents of public and assisted housing developments and recipients of tenant- based assistance;
  - residents of targeted revitalization areas.

In accordance with the regulations of the U.S. Department of Housing and Urban Development (HUD) pertaining to the Community Development Block Grant (CDBG), and HOME programs and the preparation of planning documents, funding applications (and amendments thereto) and performance reports related thereto, the following procedures for obtaining citizen participation shall be adhered to by the County of Kent.

Citizens living within the Kent County CDBG Program Participating Communities are encouraged to submit their views, opinions, and proposals regarding CDBG and HOME needs, proposed uses of funds, and performance either in writing or during the course of public meetings or public hearings held by participating local units of government or at public hearings held by the County of Kent. Low and moderate income persons, particularly those living in slum and blighted areas, or who are residents of public or assisted housing developments, or who are living in areas where CDBG and HOME funds are proposed to be used or who are residents of predominantly low and moderate income neighborhoods, are encouraged to communicate their views, opinions, and proposals.

The County of Kent will provide citizens, public agencies, and other interested parties with reasonable and timely access to information and records relating to its CDBG and HOME planning and application documents (and any amendments thereto), along with all appropriate records (defined as those records not specified as being exempt from release under Michigan's Freedom of Information Act) pertaining to activities implemented by CDBG and HOME funding within the five-year period preceding the date of any such request for access to such records. Local and county officials will be made aware of the CDBG and HOME programs and will be available and accessible to answer questions concerning the CDBG and HOME programs, particularly from low and moderate income persons.

Before each CDBG/HOME program year, the County of Kent shall notify all of its Urban County CDBG Program Participating Communities of the annual CDBG Program's requirement to conduct a public hearing to afford interested residents and other parties opportunity to provide their views, opinions, and proposals. These city/village/township public hearings shall be given reasonable local public notice (7 days), and shall be conducted prior to the programming of the

Participating Community's allocated CDBG funds. All local decisions regarding the programming of allocated CDBG funds shall be officially adopted by the legislative body of the Participating Community, and documentation of such action shall be required in the form of meeting minutes or a resolution submitted to the Community Development Department.

During each CDBG/HOME program year, the County of Kent, through its Community Development Department, shall conduct three (3) public hearings to afford interested parties opportunity to provide their views, opinions, and proposals.

One of these public hearings shall focus on providing an opportunity for interested parties to provide their views and opinions on housing and community development needs, and this public hearing shall be held before the annual planning and/or application document is prepared and made available for public comment. Notice of this public hearing shall be published in The Grand Rapids Press at least fourteen (14) days prior to public hearing. In addition, written notification shall be mailed to public agencies and other interested parties that have either participated in previous public hearings or expressed an interest in being advised of the public hearing date. Such written notification shall be mailed to the Hispanic Center of Western Michigan, various minority-based community groups, Disability Advocates of Kent County, and to senior/community centers located in the Participating Communities of the Urban County CDBG Program. The County of Kent reserves the right to conduct this public hearing on a joint basis with other local CDBG and HOME entitlement grantees, for the purpose of obtaining a county-wide expression of housing and community development needs.

The second of the three (3) annual public hearings shall focus on providing a reasonable opportunity for citizens, public agencies and other interested parties to examine and submit comments pertaining to the proposed planning document and funding application. This public hearing shall be held only after a summary of the proposed planning document and funding application, along with a notice of the date, time and location of the public hearing, is published in The Grand Rapids Press. This notice shall be published at least thirty (30) days prior to the public hearing date. Copies of the proposed planning document and funding application shall be available for public inspection and review during the thirty (30) day period prior to the public hearing. A summary of the views and comments received during the review period and at the public hearing, and a summary of any views and comments not accepted and the reasons therefore, shall be prepared by the County of Kent and attached to the final planning document and funding application submitted to HUD.

The third of the three (3) annual public hearings shall focus on providing a reasonable opportunity for citizens, public agencies and other interested parties to review and comment upon CDBG and HOME program performance. Notice of this public hearing, including notice of the availability of the proposed performance report and the date, time and location of this public hearing shall be published in The Grand Rapids Press. This notice shall be published at least fifteen (15) days prior to the public hearing date. Copies of the proposed performance report shall be available for public inspection and review during the fifteen (15) day period prior to the public hearing. A summary of the views and comments received during the review period and at the public hearing shall be prepared by the County of Kent and attached to the final performance report submitted to HUD.

In addition to the above three (3) public hearings, the County of Kent will hold a public hearing prior to the submission of any substantial amendments to its HUD-approved planning document/funding application. The requirements for any such public hearing shall parallel the

requirements specified above for the second of the three (3) annual public hearings, as set forth above. A substantial amendment to a HUD-approved planning document/funding application is required when an activity is proposed to be undertaken during the course of a program year and that activity is not included in the HUD-approved planning document/funding application AND the cost of that proposed new activity exceeds ten percent (10%) of the annual CDBG or HOME entitlement grant for the subject program year.

All public hearings shall be held at locations convenient to potential and actual CDBG and HOME program beneficiaries, in buildings and rooms accessible to persons with disabilities. Consistent with county policy and practice, all public hearings shall be held on a weekday afternoon. Provisions of Michigan's Open Meetings Act shall apply. In the event a proposed project or activity will apparently impact a significant number of non-English speaking persons, bi-lingual opportunities will be provided at the public hearings through the use of local resource persons. Decision-making may be delayed when a significant portion of the public hearing participants do not speak English.

Technical assistance will be provided to groups representative of persons of low and moderate income that request such assistance in developing proposals for funding assistance under any program included in the planning document/funding application.

Complaints received from citizens related to the planning document/funding application, amendments thereto, performance reports, and CDBG and HOME funded program activities will be addressed in a timely manner. In the case of written complaints, the County of Kent will provide a written response within fifteen (15) working days, where practicable.

It is the intent of this Citizen Participation Plan to encourage citizens, public agencies and other interested parties to become better informed of and to participate in the process of planning and implementing activities funded by Federal agencies that impact their homes, neighborhoods and communities. Views, comments, opinions and complaints are to be welcomed as forms of improved communication. It must be clear, however, that the County of Kent, by contractual obligation, cannot allow citizen participation activities to restrict its responsibility or authority for the development and execution of its Federally-assisted programs.

Any citizen, public agency or other interested party that desires further information on this Citizen Participation Plan, or who wishes to express a view, comment, opinion or complaint on a Federally-assisted activity under a planning document, funding application or agreement or grant agreement subject to this Citizen Participation Plan, is invited to contact Linda S. Likely, Director of Housing and Community Development for the County of Kent, at 82 Ionia NW, Suite 390, Grand Rapids, Michigan 49503, (616) 632-7404.

4. Provide a description of the process used to allow citizens to review and submit comments on the proposed consolidated plan, including how the plan (or a summary of the plan) was published for review; the dates, times and locations of a public hearing, or hearings; when and how notice was provided to citizens of the hearing(s); the dates of the 30 day citizen comment period, and if technical assistance was provided to groups developing proposals for funding assistance under the consolidated plan and how this assistance was provided.

Kent County conducted a public hearing on December 10, 2010 to obtain opinions and

recommendations on the housing and community development needs of the entire area.

A notice was posted in the Grand Rapids Press on February 12, 2011 notifying the public that a draft of the Annual Action Plan and Five Year Plan would be available for review and comment from February 14, 2011 until March 15, 2011. The notice announced the public hearing on both the Annual and Five-Year plans to be held on March 15, 2011. None of the public attended the hearing on March 15, 2011 and no written comments were received.

5. Provide a summary of citizen comments or views received on the plan and explain any comments not accepted and reasons why these comments were not accepted.

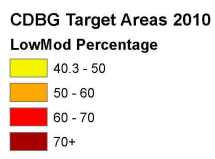
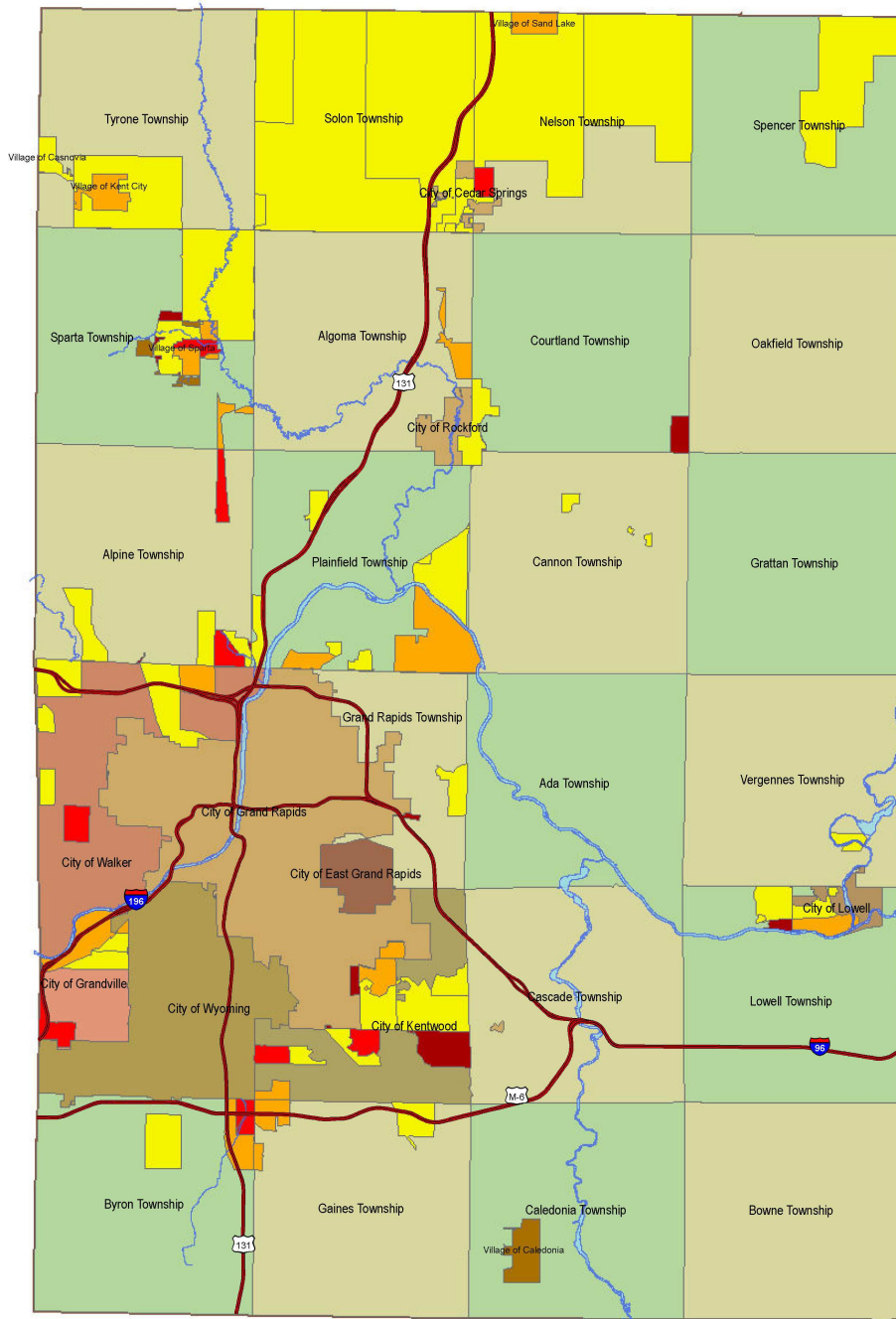
Public hearings were held by the County and they received no citizens comments. The in-service training and agency meetings were also open to the public but no citizens attended.

Meetings with Kent County service providers were also held to provide them with the trends seen in the housing data obtained from HUD and receive their perspective and hands-on feedback regarding trends seen within their respective agencies. Service providers attending included the Interurban Transit Partnership, Grand Rapids Coalition to End Homelessness, Home Repair Services, Disability Advocates of Kent County, Arbor Circle Corporation, Kent County Health Department, Hispanic Center of West Michigan, Network 180 (Kent County Mental Health), and Senior Meals Program, among others. Issues and insight from service providers included a rising need for foreclosure assistance; the identification of an ever-expanding elderly population; the rising Hispanic population; a continued need for the outreach and promotion of the housing assistance programs available to residents of the county.



# Kent County CDBG Target Areas

2/17/2011



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## HOUSING AND HOMELESS NEEDS

### Housing Needs 91.205

6. In this narrative, describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, victims of domestic violence, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost-burden, substandard housing, and overcrowding (especially large families) and substandard conditions being experienced by extremely low-income, low-income, moderate-income, and middle-income renters and owners compare to the jurisdiction as a whole. The jurisdiction must define the terms "standard condition" and "substandard condition but suitable for rehabilitation."
7. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must provide an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.

The data in the following section are from the 2010 Comprehensive Housing Affordability Strategy (CHAS) dataset provided by HUD. All data represent the Kent County participating communities: all of Kent County minus the City of Grand Rapids and City of Wyoming. Hereafter, when this narrative describes conditions in "Kent County," it is referring only to those participating communities, and does not include the City of Grand Rapids or City of Wyoming unless otherwise noted.

In 2009, 3.1% of Kent County's population that speaks a language other than English, identified themselves as speaking English "not well" or "not at all." Three-quarters of this group spoke Spanish as their primary language. Of the total number of Spanish speaking residents of Kent County, 31% do not speak English well, or at all. This language barrier can be a hindrance to seeking and receiving housing assistance.

For the purposes of this plan, the following definitions shall apply:

**Standard Condition:** A housing unit is considered to be in "standard condition: when it meets or exceeds HUD Housing Quality Standards (HQS). Further, a housing unit is in standard condition when it does not have any critical or major structural defects, has adequate plumbing facilities, and its appearance does not create a blighting influence. This condition requires no more than observable, normal maintenance; dwelling units which have no deficiencies, or only slight observable deficiencies.

Substandard Condition but Suitable for Rehabilitation: A housing unit is considered to be in “substandard condition but suitable for rehabilitation” when it does not meet HUD HQS. Further, a housing unit is in substandard condition but suitable for rehabilitation when it has one or more major and/or critical structural defects, but can still be repaired for a reasonable amount. The degree of substandard is either moderate or severe according to the number of defects and the degree of deficiency.

Moderately Substandard: Housing units that have less than three major defects or at least one critical defect and can be restored to a standard condition for a reasonable cost.

Severely Substandard: Housing units that have three or more major defects or at least one critical defect and can be restored to a standard condition for a reasonable cost.

Income limits and associated terms can often be confusing. For the purposes of this plan, the following terms and associated income limits shall apply:

Extremely-Low Income: Household earning 30% or less of the HUD Adjusted Median Family Income (HAMFI)

Low Income: Household earning more than 30% but less than 50% of the HUD Adjusted Median Family Income (HAMFI).

Moderately-Low Income: Household earning more than 50% but less than 80% of the HUD Adjusted Median Family Income (HAMFI).

The following table describes the above income limits for 2010 by family size for the Grand Rapids-Wyoming Metropolitan Statistical Area:

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Extremely-Low	\$13,150	\$15,000	\$16,900	\$18,750	\$20,250	\$21,750	\$23,250	\$24,750
Low	\$21,900	\$25,000	\$28,150	\$31,250	\$33,750	\$36,250	\$38,750	\$41,250
Moderately-Low	\$35,000	\$40,000	\$45,000	\$50,000	\$54,000	\$58,000	\$62,000	\$66,000

#### **Extremely Low Income Households (less than 30% AMI)**

Extremely low income families constitute 8.6% (13,135) of all households in Kent County. Of those, 56.9% are renters, the highest percentage of any income group. Very high percentages of both extremely low income owners and renters have housing problems, 85.7% and 84.1% respectively. These too are the highest percentages of those with housing problems across all the income groups. The greatest problem for both extremely low income owners and renters is severe cost burden, with 74.5% of owners and 79.2% of renters paying more than 50% of their income on housing. Another 22.2% of owners and 11% of renters have a cost burden, paying between 30 and 50% of their income on housing. These two problems far outpace the other three problems (substandard housing, overcrowding, and severe overcrowding) in this and many of the other income brackets. Overcrowding affects 6.5% of renter households with housing problems.

Over one-quarter (26.7%) of elderly renter households in Kent County earn less than 30% of the AMI. Of these elderly households, 79.5% experience housing problems. Similarly, 82.1% of elderly owners in this group have housing problems. Likewise, 27% of all frail elderly renters are in this group. Nearly 61% of frail elderly renters and 82.1% of frail elderly owners have housing problems.



As with the group as a whole and the elderly subgroup, those extremely low income households with disabilities have significant housing problems (82.3% of owners and 80.2% of renters). Of renter households with disabilities in Kent County, nearly half are extremely low income (48.9%).

For this income group, black renters, American Indian renters and owners, and “other” owners have a disproportionate need in comparison to the group as a whole.

#### **Low Income Households (30 to 50% AMI)**

Low income households make up 9.3% of all households in Kent County. The owner/renter balance is 59 to 41. Of owners, 61.2% experience housing problems and 73.7% of renters have housing problems. Of those renters with housing problems, 63.2% have a cost burden (paying between 30 and 50% of their income on housing) and an additional 29.9% severe cost burden (paying more than 50% of income on housing). Similar to renters in this group, cost burden and severe cost burden are the greatest housing problems for owners (98.9% of all housing problems).

In this group, 56.3% of elderly owners and 69.4% of elderly renters have housing problems. Of frail elderly households, 71.69% have housing problems. A staggering 88.9% of households with disabilities have housing problems in this income group, while under half (48.3%) of owner households with disabilities have housing problems.

For this income group, Asian owners and renters and “other” owners and renters have a disproportionate need in comparison to the group as a whole.

#### **Moderately Low Income Households (50 to 80% AMI)**

Families in this group constitute 16.5% of the total population. Roughly 2/3 are owners (64.9%) and 1/3 are renters (35.1%). Those experiencing housing problems comprise lower percentages than the lower-income groups described above (46.2% of owners and 30.9% of renters). The greatest problem for those with housing problems is cost burden, with 67.1% of owners and 84.7% of renters spending between 30 and 50% of their income on housing. Severe cost burden is less of a problem for this group than the aforementioned lower-income groups (25.1% of owners and 9.3% of renters with problems paying more than 50% of their income on housing). For this group, overcrowding is a greater problem, with 5% of owners and 3% of renters with problems suffering from overcrowding.

The greatest group of elderly households with housing problems are renters, of whom 57.4% have housing problems. Similarly, 50.4% of frail elderly in this group have housing problems.

Smaller percentages of households with disabilities in this group have housing problems than those in lower income brackets (28.1% of owners and 37.5% of renters).

For this income group, black, American Indian, and Hispanic owners have a disproportionate need in comparison to the group as a whole.

#### **Middle Income Households (greater than 80% AMI)**

Middle income families are not exempt from the cost burden housing problems plaguing the lower income groups. Of those making between 80% and 100% of the AMI with housing problems, 86.5% of owners and 88.3% of renters had problems attributable to cost burden (paying between 30% and 50% of their income on housing). For those making more than the AMI with housing problems, 89% of owners had cost burden problems. Different from renters in lower income brackets, renters making more than the AMI had a more diverse breakdown across the housing problems, with cost

burden/severe cost burden not predominating: 24.4% had substandard problems, 17.1% had overcrowding problems, 19.5% had severe overcrowding problems, and only 39% had cost burden problems. Cost burden being less of a problem signifies that these renters are more able to afford units in their affordable range. The experience of Lighthouse Communities (a local non-profit) is that those in upper income brackets are experiencing more housing problems recently related to the foreclosure crisis. Many upper income former homeowners are now seeking rental units, causing fewer rentals available to those with lower incomes. Likewise, middle and upper income households homes have lost value, making it difficult to leverage equity for home repairs.

For those making between 80% and 95% AMI, there are no groups with disproportionate needs. For those making more than 95% of the AMI, black owners have a disproportionate share of housing problems compared to the group as a whole.

## **Homeless Needs 91.205 (c)**

\*Refer to the Homeless Needs Table 1A or the CPMP Tool's Needs.xls workbook

8. Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness and chronic homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered.

To determine the homeless needs of the jurisdiction, the County must rely on data available through the Homeless Management Information System (HMIS) as well as information reported by public service providers who are not part of the HMIS system. This data is collected by the Grand Rapids/Wyoming/Kent County Continuum of Care (Grand Rapids Coalition to End Homeless) At this time, like many CoC's across the country, the Grand Rapids Coalition to End Homelessness does not have 100% data entry into HMIS, nor is all of the data complete. Therefore, some of the data presented in this Plan will be for the Continuum as a whole and where possible, the numbers of persons with a last known zip code outside of the City of Grand Rapids and the City of Wyoming will be reported. To date, largely due to the high proportion of the homeless population coming from the City of Grand Rapids as opposed to out-county, the primary focus of the organization has been on the homeless needs of those in the City of Grand Rapids urban core, while this plan is focused on all areas of Kent County excluding the City of Grand Rapids. Therefore, the data may or may not represent the needs of the homeless or at-risk populations in the out-county area and further investigation is warranted. One service provider, North Kent Community Services (NKCS), provides housing related assistance to some of the more rural areas of the county, but is not currently part of the Continuum of Care. A discussion of NKSC activities and trends related to homeless needs is located at the end of this section.

### **Nature & Extent of Homelessness.**

The overall number of persons entering the homeless system including the City of Grand Rapids and Wyoming which are not part of the County's CDBG jurisdiction are reported first and then the data available by Kent County CDBG Area zip codes follows. In 2009, 5,118 people (families, children, individuals) entered the homeless system in the Grand Rapids area. 38% were families,

62% were individuals and 24% were children. 47% of persons experienced homelessness for the first time. The primary reasons for homelessness were housing issues at 49% (i.e. eviction, asked to leave, unable to pay rent, overcrowded/doubled up, or substandard housing); employment issues at 17% (i.e. unemployment, recent loss of job, moved to seek work); disability/health condition at 10% (i.e. physical disabilities, mental disabilities, family/personal illness, addiction) and other issues at 19% (i.e. jail/prison, family conflict, domestic violence, divorce). Of the 4,911 total clients entered in HMIS between 1/01/2010 and 12/31/2010 254 reported a Kentwood zip code (5%), 26 reported a Walker zip code, and 36 a Plainfield township zip code. 1,774 clients were “unknown” leaving 36% of the last known zip codes as unidentified. In summary, approximately 6% of the clients recorded in HMIS during 2010 are from non-City of Grand Rapids or City of Wyoming zip codes.

The Homeless Prevention and Rapid Rehousing Program (HPRP) funded by HUD through the American Recovery and Reinvestment Act of 2009 served families and individuals throughout Kent County in 2010. The program was administered by Salvation Army Booth Family Services and the Coalition reported the total populations served including Grand Rapids and Wyoming as 1,200 households served through “rehousing” and 1,995 served with homeless prevention services. Of those households provided with rehousing services, only a small portion were from the Kent County CDBG jurisdiction. 110 households or 9% had a Kentwood zip code, 16 or 1% had a Walker zip code, and 24, or 2% had a Plainfield township zip code. Of the households who received homeless prevention services, the percentages are slightly higher with 322 households or 16% with a Kentwood zip code, 50 or 3% with a Walker zip code, and 51 or 3% with a Plainfield township zip code. The City of Grand Rapids and City of Wyoming received their own HPRP funds to serve residents of their CDBG jurisdiction.

While the number of persons entering the homeless system in 2009 was significant, it was 15% less than recorded in 2008. This reduction is largely in part to an expansion of the community’s centralized intake & assessment component as well as a greater emphasis on prevention efforts and an investment in homeless prevention resources. Additionally, the Housing Resource Specialist model was launched. This change in the service model which provides supportive services after households are housed as opposed to only while homeless is believed to effectively maintain housing and prevent repeat incidences of homelessness.

The lack of affordable housing continues to impact housing stability in the Grand Rapids area. 94% of households assessed at the community’s central intake have incomes that are 40% or less of the area median income (or \$24,840 or less per year for a family of 4). A large majority of households assessed at HAP are paying 50% or more of their income towards their housing costs, 20% more than what is considered affordable. Over 4,000 households in Kent County are living doubled up with family or friends. The National Low Income Housing Coalition’s Out of Reach study demonstrated that fair market rents in Kent County increased 26% from 2000 to 2010, bringing Kent County fair market rent to \$749 per month for a two-bedroom apartment. At this cost, 44% of renters in Kent County are unable to afford a typical two-bedroom unit. Additionally, the Out of Reach report states that the wage required for a two-bedroom unit in Kent County equals \$14.40 per hour, requiring a person making minimum wage (\$7.40 per hour) to work 1.9 full-time jobs (or 78 hours per week) to afford fair market rent.

### **Characteristics of At Risk Populations**

Those at risk for homelessness include extremely low and low income households with a severe cost burden (50% or more of income spent on housing) or experiencing severe overcrowding (1.5 or more persons per room). While overcrowding is not prevalent in Kent County, (only 1.2% of all

households were moderately or severely overcrowded in 2010), moderate and severe cost burden among extremely low and low-income households is a major issue for the county.

Homeless At Risk Households	2000		2010	
	Count	Percent	Count	Percent
<i>Total Households</i>	111,269		153,465	
<i>Extremely Low Income Households</i>	6,847	6.2%	13,135	8.6%
<i>Moderate Cost Burden</i>	1,109	16.2%	1,770	13.4%
<i>Severe Cost Burden</i>	3,964	57.9%	8,590	65.4%
<i>Low Income Households</i>	9,106	8.2%	14,205	9.3%
<i>Moderate Cost Burden</i>	3,478	38.2%	5,105	35.9%
<i>Severe Cost Burden</i>	1,830	20.1%	3,970	27.9%

Earning a living wage is instrumental in preventing homelessness. Household income has not kept pace with housing costs and minimum wage earners can no longer lift their families above the poverty line. The economic downturn and subsequent rise in unemployment, coupled with a sharp decline in property values and mortgage crisis, at the end of the last decade, forced many families closer to and into homelessness. The number, and proportion, of Extremely Low and Low-Income households increased dramatically between 2000 and 2010. These groups combined comprise 17.8% of all households in the Kent County CDBG area. While the proportion of households with a Moderate Cost Burden decreased from 2000 to 2010, the proportion of households with a Severe Cost Burden (spending 50% or more of income for housing) increased sharply. While some of this increase can be attributed to the expanded CDBG boundary, it could be assumed that some households with a Moderate Cost Burden in 2000 are now feeling increased pressure, are spending more for housing, or earning less, in 2010 due to the housing and economic crisis, and thus have a Severe Cost Burden. These households, while currently housed, are at imminent risk of either residing in shelters or becoming unsheltered. For extremely low and low-income households, particularly those with children, supportive services such as quality affordable housing, funds for rent/utility arrearages, life skills, employment training and placement services, childcare, and transportation are critical to their ability to stay in permanent housing and to avoid becoming homeless.

While overcrowding, according to 2010 HUD data, is not a major issue in the county, there are many households that are “doubled up.”

Doubling up is a method used by many to reduce housing costs and thereby avoid homelessness. It can be viewed as an informal safety net made up of a household’s social network: friends and family with whom a household can stay if they face financial or other barriers to securing housing independently.

- From Grand Rapids Area Coalition to End Homelessness

The Grand Rapids Area Coalition to End Homelessness used the 2005-2007 American Community Survey data to calculate the number of individuals living in the home of an extended family member or non-relative (excluding roommates and domestic partners). The following table highlights these at-risk households.

**Doubled Up Households Earning Less than 50% AMI**

<b>Kent County CDBG</b>	<b>Count</b>	<b>% of Total</b>
<b>Total Households</b>	27,340	
<b>Total Doubled Up Households</b>	2,676	9.8%
<i>Two-Person Households</i>	918	34.3%
<i>Three-Person Households</i>	435	16.3%
<i>Four-Person Households</i>	958	35.8%
<i>Five-Person Households</i>	152	5.7%
<i>Six-Person Households</i>	213	8.0%
Source: 2005-2007 American Community Survey estimates		

Nearly 10% of all households earning less than 50% of the Area Median Income (AMI) are doubled up. The majority of these households are two- and four-person households. While these numbers help establish the need of persons at-risk of homelessness, calculating the number of doubled up households is difficult since some households may be doubled up by choice, rather than out of economic necessity.

While extremely-low and low income households with a cost burden are at risk of homelessness, doubled up individuals and families are arguably more at risk since they have already taken action to alleviate an economic or housing crisis.

**Homeless System Occupancy and Inventory**

A Point-in-time survey is conducted annually in Kent County to help assess the number of individuals in need of transitional and emergency shelter as well as the number of beds available to those in need. The following table shows the surplus or shortage of beds available by shelter type for families and individuals as reported by service providers to the Grand Rapids/Wyoming/Kent County Continuum of Care for the last three years.

**Table 1A**  
**Grand Rapids/Wyoming/Kent County Continuum of Care**

<b>Homeless System Supply &amp; Demand</b>		<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Emergency Shelter</b>	<i>Family Beds Available†</i>	125	121	119
	<i>Persons in Families in Need*</i>	108	109	103
	<b>Family Surplus/Shortage</b>	<b>17</b>	<b>12</b>	<b>16</b>
	<i>Individual Beds Available†</i>	217	213	215
	<i>Individual Persons in Need*</i>	225	220	231
	<b>Individual Surplus/Shortage</b>	<b>-8</b>	<b>-7</b>	<b>-16</b>
<b>Transitional Housing</b>	<i>Family Beds Available†</i>	351	351	389
	<i>Persons in Families in Need*</i>	321	272	365
	<b>Family Surplus/Shortage</b>	<b>30</b>	<b>79</b>	<b>24</b>
	<i>Individual Beds Available†</i>	173	173	173
	<i>Individual Persons in Need*</i>	153	151	135
	<b>Individual Surplus/Shortage</b>	<b>20</b>	<b>22</b>	<b>38</b>
<b>Unsheltered</b>	<i>Persons in Families*</i>	21	6	10
	<i>Individual Persons*</i>	84	36	24
<b>Total Homeless Persons</b>		<b>912</b>	<b>794</b>	<b>868</b>
<b>Total Beds Available</b>		<b>866</b>	<b>858</b>	<b>896</b>
<b>Permanent Supportive Housing‡</b>	<i>Family Units Available†</i>	94	73	72
	<i>Family Beds Available†</i>	221	187	185
	<i>Individual Beds Available†</i>	399	378	407

† Data reported by service providers to CoC for a point-in-time during the last week of January of each year.  
 \* Unduplicated count of homeless persons reported by service providers to CoC for a point-in-time during the last week of January each year.  
 ‡ Point-in-time surveys do not include persons in permanent supportive housing as currently homeless.

As shown, the number of persons in emergency shelters, both in families and individuals, has remained relatively stable over the last three years. While there is a surplus of emergency beds available for families, the number of beds for individuals lags behind the number of those in need. In addition, while the number of individual persons who are unsheltered has fallen, this, combined with the shortage of emergency beds, further stretches the capacity of shelter providers.

The number of persons in families in transitional housing has increased 13.7% over the last three years, while the number of beds available to this population has increased 10.8%. Without future expansion, those in need could outnumber available beds. Given the surplus of family beds in both emergency and transitional shelters the number of unsheltered families is low, (compared to unsheltered individuals) and has fallen over the last three years.

Over the last three years, the number of beds in permanent supportive housing for families has fallen 16%, while the number of individual beds has increased slightly. Permanent supportive housing provides long-term community-based housing with services for homeless individuals with

disabilities and families with children. Disabilities could include physical, mental, substance abuse, and others.

### Homeless Subpopulations

The following table presents the point-in-time survey results detailing homeless subpopulations in Kent County. These figures are not necessarily reflective of the out-county homeless population as information is not available at that level of detail for the Point in Time count.

**Table 1A: Grand Rapids/Wyoming/Kent County Continuum of Care**

Homeless Subpopulations	2007	2008	2009	% Change 2007-2009
<i>Sheltered</i>	34	73	118	247.1%
<b>Chronically Homeless</b> <i>Unsheltered</i>	40	36	24	-40.0%
<b>Total</b>	<b>74</b>	<b>109</b>	<b>142</b>	<b>91.9%</b>
<b>Severely Mentally Ill*</b>	83	60	95	14.5%
<b>Chronic Substance Abuse*</b>	90	83	100	11.1%
<b>Veterans*</b>	83	45	58	-30.1%
<b>Persons with HIV or AIDS*</b>	11	0	1	-90.9%
<b>Victims of Domestic Violence*</b>	139	126	166	19.4%
<b>Unaccompanied Youth less than 18 years*</b>	0	2	9	N/A

\* Unsheltered counts are not available for these subpopulations.

With the exception of veterans and persons with HIV or AIDS, all subpopulations have increased over the last three years.

### Chronically Homeless

According to local HMIS data, there were approximately 725 chronically homeless persons (12% of the total annual count) in the community for calendar year 2008.

### Severely Mentally Ill

Similar to the increase in chronically homeless population, the number of homeless who are severely mentally ill has also increased, although to a lesser degree. Over the last three years the number of severely mentally ill individually entering the homeless system has increased 14.5%. An increase of those with mental disabilities in the homeless population is not unexpected considering that Network180 (Kent County's Community and Mental Health Agency) served more than 4,100 individuals with mental disabilities in 2009 alone. Of those served by Network180, almost 87% lived alone or with relatives, 11% lived in a residential home, foster family home, or nursing care facility, and 2% were homeless.

### Chronic Substance Abuse

The number of homeless individuals experiencing chronic substance abuse increased slightly (11%) over the last three years. The Drug and Alcohol Services Information System (DASIS) estimates that, over a three year average, 9.6% of the population 12 years or older had a dependency on or abused illicit drugs in Kent County. The proportion of those with chronic substance abuse disorders in 2007, 2008, and 2009 relative to the total homeless population count are on par with this statistic.

### Veterans

Somewhat surprisingly, the number of homeless persons who are veterans fell by 30% over the last

three years. Roughly 6% of homeless persons counted in 2009 were veterans. Considering the lengthy conflicts in Iraq and Afghanistan, as well as the aging of Vietnam era veterans, the number of veterans entering the homeless system could increase in the near future

### **Persons with HIV or AIDS**

A small proportion of the homeless population in Kent County have HIV or AIDS. Only a single person was counted during the 2009 point-in-time survey. The prevalence of HIV/AIDS has steadily increased in Kent County, as well as the state as a whole. In 2010, an estimated 795 people were living with HIV/AIDS. While the number of new HIV diagnoses annually has declined since 2004/2005, so has the number of deaths caused by the disease. Thus persons with HIV are living longer, largely due to improved anti-retroviral therapy.

### **Victims of Domestic Violence**

The number of victims of domestic violence entering the homeless system increased almost 20% over the last three years. Several organizations serve victims of domestic violence in Kent County including Ramoth House, YWCA, Safe Have Ministries, and Protective Hands. Between July 2003 and June 2004, 659 women and children were housed at one of these facilities. During the same time period, the YWCA had to seek alternative temporary housing for 230 families due to their shelter being at capacity.

### **Unaccompanied Youth less than 18 Years of Age**

In 2009, nine unaccompanied youth were counted during the point-in-time survey conducted in homeless facilities across Kent County. Arbor Circle, the areas primary service for unaccompanied or runaway youth typically serves 700 such individuals annually.

### **North Kent Community Services**

The Grand Rapids/Wyoming/Kent County Continuum of Care includes most homeless service providers in the Grand Rapids urban area. However, North Kent Community Services (NKCS), in Rockford, is not included in the CoC, and thus data regarding those served by NKCS are not included in the previous data tables. NKCS operates the largest food pantry in Kent County and client needs including food, clothing, and shelter. Twelve local units of government are served by NKCS. In 2010, NKCS provided services to over 12,500 families.

Of the families served in 2010, 225 received rent or mortgage assistance. The majority were renters. During the intake process, NKCS assesses the living situation of the families it helps. The following chart shows the number of combined households, extended family households, rent or mortgage assisted households, and total individuals in assisted households.

<b>Households Served by North Kent Community Services</b>			
<b>Family Type</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Combined Households – <i>multiple families living in the same home</i>	217	237	202
Extended Family Households – <i>more than one generation living together</i>	148	152	132
Households Receiving Rent or Mortgage Assistance	142	230	225
Total Individuals in Households Receiving Housing Assistance	430	660	725
Source: North Kent Community Services			



Combined households and extended family households are considered the “invisible homeless.” Combined households are not in shelters but living with non-relatives--in someone’s living room, or sleeping on their floor. They do not have a place of their own and would be homeless if not for someone opening their home to them. A similar situation exists with extended family households living under one roof, out of economic necessity versus preference of living with family members. The number of combined and extended family households has dropped over the last three years, but rose between 2008 and 2009. North Kent Community Services turns down approximately fifteen requests per month from families looking for help rent or mortgage assistance due to a lack of available funds. All persons seeking foreclosure assistance are referred to Home Repair Services’ Foreclosure Prevention program.

9. Describe, to the extent information is available, the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.

While demographic data related to the homeless population is scarce, the following chart shows the racial distribution of sheltered homeless persons in the Grand Rapids/Wyoming/Kent County Continuum of Care in 2007.

**Racial Characteristics of Sheltered Homeless Persons - 2007**

Race	Emergency Shelters		Transitional Housing	
	Persons in Families	Individuals	Persons in Families	Individuals
<i>White, Non-Hispanic</i>	13%	16%	37%	N/A
<i>White, Hispanic</i>	2%	2%	3%	N/A
<i>Black or African-American</i>	63%	71%	54%	N/A
<i>Asian</i>	0%	0%	0%	N/A
<i>American Indian or Alaska Native</i>	0%	1%	1%	N/A
<i>Native Hawaiian or Pacific Islander</i>	0%	0%	0%	N/A
<i>Several Races</i>	12%	5%	1%	N/A
<i>Unknown</i>	10%	6%	3%	N/A

The majority of homeless persons are black or African-American. This group comprises 59.7% of all sheltered homeless persons counted in 2007.

Data used in this section is from the Grand Rapids/Kent County Continuum of Care, which includes the City of Grand Rapids. The North Kent Community Services is not included in the Continuum of Care and provided data separately from the HMIS information.

## **Non-homeless Special Needs 91.205 (d) including HOPWA**

\*Please also refer to the Non-homeless Special Needs Tables 1A & 1B or, in the CPMP Tool, the Needs.xls workbook.

10. Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, victims of domestic violence, public housing residents, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (Table 1B or Needs.xls in CPMP Tool) of their Consolidated Plan to help identify these needs.

\*Note: HOPWA recipients must identify the size and characteristics of the population with HIV/AIDS and their families that will be served in the metropolitan area.

Data in the following section for Elderly, Frail Elderly and Persons with Addictions are from the 2010 Comprehensive Housing Affordability Strategy (CHAS) dataset provided by HUD. All data represent the Kent County participating communities: all of Kent County minus the City of Grand Rapids. Hereafter, when this narrative describes conditions in "Kent County," it is referring only to those participating communities, and does not include the City of Grand Rapids unless otherwise noted. Other data obtained from community institutions like Network 180 may not be available specific to the Kent County CDBG jurisdiction.

### **Elderly and Frail Elderly**

Elderly households comprise 14% of all households in Kent County. Elderly households make up 12% (1,640) of extremely low income households, 29% (2,700) of low income households, 39% (4,075) of moderately low income households, and 13% (12,910) of those making more than 80% AMI.

Frail elderly represent 10% (14,880) of total households in Kent County. These households form 15% (1,955) of very low income, 36% (3,430) of low income, 37% (3,865) of moderately low income, and 6% (5,630) of middle income and above households.

### **Persons with Disabilities**

Households with members that have a disability constitute 18% (12,565) of total households in Kent County. These households comprise 19% (2,465) of the extremely low income bracket, 15% (2,085) of low income households, 9% (2,390) of moderately low income households, and 6% (5,625) of the middle income and above bracket.

According to data provided by Network180 (Community Mental Health Services, also serving those in Grand Rapids), a majority of those served there had incomes lower than \$10,000 a year (4,029 of 5550). Of those served at Network180, 82% lived in private residences.

According to the October 2010 Quarterly HIV/AIDS Analysis provided by the Michigan Department of Community Health for Kent County (including Grand Rapids), the reported prevalence of HIV/AIDS was 795 persons, who would benefit from supportive housing. This does not include those not reported or yet diagnosed. The prevalence of HIV in Michigan has steadily increased, since persons with HIV are living longer. This is largely due to improved anti-retroviral therapy.

### **Persons with Addictions**

Alcohol and other drug abuse is defined as the excessive and impairing use of alcohol or other drugs, including addiction. This special needs population is defined as those low-income adult individuals who are recovering from alcohol or other drug abuse dependency, based on the Drug and Alcohol Services Information System (DASIS), which is compiled by the Substance Abuse and Mental Health Services Administration. According to the DASIS, an average of 9.6% of the population aged 12 or older had a dependency on or abused illicit drugs or alcohol annually averaged for 2006, 2007, and 2008. In 2009, Network180 served approximately 1,270 individuals with alcohol or drug addiction who may or may not require supportive housing.

### **Victims of Domestic Violence**

The number of victims of domestic violence entering the homeless system increased almost 20% over the last three years. Several organizations serve victims of domestic violence in Kent County including Ramoth House, YWCA, Safe Have Ministries, and Protective Hands. Between July 2003 and June 2004, 659 women and children were housed at one of these facilities. During the same time period, the YWCA had to seek alternative temporary housing for 230 families due to their shelter being at capacity.

### **Lead-based Paint 91.205 (e)**

11. Estimate the number of housing units\* that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families.

A national survey conducted for HUD established estimates for the percentage of houses containing lead-based paint, based on the year of construction. Utilizing these percentages and 2006-2008 ACS estimates, it was determined that 35,154, or approximately 22%, of the Kent County housing units are at potential risk for lead-based paint hazards.

	<b>Estimated % of Housing Units with Lead Hazards*</b>	<b>Total Housing Units (2009 ACS Estimates)</b>	<b>Estimated Number with potential lead hazard risk</b>
Before 1939	90%	14,259	12,833
1940 to 1959	57%	24,986	14,242
1960 to 1979	11%	44,645	4,911
After 1980	4%	79,204	3,168
<b>Total</b>		<b>163,094</b>	<b>35,154</b>

According to the State Department of Community Health, the number of children in Kent County (including the City of Grand Rapids) with elevated blood lead levels has decreased in the last three years. In 2009, 8,487 children were tested and only .9% had elevated blood lead levels.

**Kent County  
Children Under Six Years of Age**

<b>Year</b>	<b>Children Tested</b>	<b>% with Elevated Blood Lead Level</b>
<b>2007</b>	9,710	1.7%
<b>2008</b>	8,690	1.4%
<b>2009</b>	8,487	0.9%

Source: Michigan Department of Community Health

## HOUSING MARKET ANALYSIS

### Housing Market Analysis 91.210

12. Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families.

#### Types of Units

The table below estimates the number of units in the county by the number of units in the structure. Of the 165,450 housing units in Kent County, 74.7% (123,533) of them are single-family units. The second and third most frequent types of units are those with 10 to 19 units (11,291) and mobile homes (10,045).

Types of Housing Units		
# Units in Structure	# Units	% of Units
One	123,533	74.7%
Two	2,907	1.8%
3 or 4	3,918	2.4%
5 to 9	5,530	3.3%
10 to 19	11,291	6.8%
20 to 49	5,341	3.2%
50 or More	2,885	1.7%
Mobile Home	10,045	6.1%
Total	165,450	

Source: 2005-2008 ACS Three-Year Estimates

#### Tenancy

Across all the participating communities in Kent County, the predominant housing type is owner-occupied units. Several communities have a larger share than others of rental units. Between one-third and one-half of the units in the following communities are renter-occupied: the City of Lowell (43.8%), Alpine Township (41.5%), City of Cedar Springs (36.8%), City of Kentwood (36.7%), City of Walker (34.6%), and the Village of Sparta (33.6%). The two communities with the largest number of rental units across the county are the City of Wyoming (8,173) and the City of Kentwood (7,084).

Participating Community	Occupied Housing Units	Owner- Occupied		Renter- Occupied	
	#	#	%	#	%
Ada Township	3,905	3,815	97.7%	90	2.3%
Algoma Township	3,151	2,987	94.8%	164	5.2%
Alpine Township	5,594	3,275	58.5%	2,319	41.5%
Bowne Township	895	871	97.3%	24	2.7%
Byron Township	7,735	6,309	81.6%	1,426	18.4%
Caledonia Township	4,134	3,877	93.8%	257	6.2%
Caledonia Village	578	452	78.2%	126	21.8%
Cannon Township	4,542	4,220	92.9%	322	7.1%
Cascade Charter Township	6,101	5,585	91.5%	516	8.5%
Casnovia Village	121	99	81.8%	22	18.2%
Cedar Springs City	1,159	732	63.2%	427	36.8%
Courtland Township	2,400	2,309	96.2%	91	3.8%
East Grand Rapids City	3,573	3,310	92.6%	263	7.4%
Gaines Charter Township	8,882	6,396	72.0%	2,486	28.0%
Grand Rapids Charter Township	5,340	4,826	90.4%	514	9.6%
Grandville City	6,512	4,868	74.8%	1,644	25.2%
Grattan Township	1,334	1,242	93.1%	92	6.9%
Kent City Village	407	304	74.7%	103	25.3%
Kentwood City	19,282	12,198	63.3%	7,084	36.7%
Lowell Charter Township	2,475	2,076	83.9%	399	16.1%
Lowell City	1,718	966	56.2%	752	43.8%
Nelson Township	1,665	1,542	92.6%	123	7.4%
Oakfield Township	2,109	2,002	94.9%	107	5.1%
Plainfield Charter Township	11,945	10,182	85.2%	1,763	14.8%
Rockford City	2,112	1,462	69.2%	650	30.8%
Sand Lake Village	253	142	56.1%	111	43.9%
Solon Township	2,105	2,033	96.6%	72	3.4%
Sparta Township	3,213	2,472	76.9%	741	23.1%
Sparta Village	1,572	1,044	66.4%	528	33.6%
Spencer Township	1,420	1,264	89.0%	156	11.0%
Tyrone Township	1,645	1,485	90.3%	160	9.7%
Vergennes Township	1,291	1,192	92.3%	99	7.7%
Walker City	9,557	6,250	65.4%	3,307	34.6%
Wyoming City	26,412	18,239	69.1%	8,173	30.9%

### Age of Housing Stock

Kent County's housing, when compared to the City of Grand Rapids, is much newer and less likely to suffer from problems associated with aging housing such as disrepair, lead paint, and not accessible to those with disabilities and the elderly. Whereas 75% of Grand Rapids housing was built prior to 1970, only 36% of the rest of Kent County housing are that old.

### Age of Housing Stock by Decade

	#	%	Cumulative %	City of Grand Rapids Cumulative %*
2005 or Later*	3,875	2.3%	100%	100%
2000 - 2004*	17,992	10.9%	98%	99%
1990 - 1999	32,140	19.4%	87%	96%
1980 - 1989	25,328	15.3%	67%	89%
1970 - 1979	26,887	16.3%	52%	82%
1960 - 1969	17,767	10.7%	36%	75%
1950 - 1959	18,702	11.3%	25%	64%
1940 - 1949	7,764	4.7%	14%	47%
Earlier than 1939	14,995	9.1%	9%	37%
Total Housing Units	165,450			
Source: 2005-2009 ACS Five-Year Estimates				
*2009 ACS One-Year Estimates				

### Affordability

According to the ACS Estimates shown in the table below, very few vacant rental units are available to those in the lowest income bracket (only 50 two-bedroom units). This, coupled with no rental units available at the higher end, means those that are able to afford more expensive units, rent units affordable to lower-income families, making them unavailable to those that can only afford the less expensive units.

### Affordable Vacant Units by Income Group

		Affordable at 30% AMI		Affordable at 50% AMI		Affordable at 80% AMI		Affordable at 100% AMI		Affordable at > 100% AMI	
		For Sale	For Rent	For Sale	For Rent	For Sale	Rent	Own	Rent	Own	Rent
Bedrooms	0 or 1	N/A	0	0	685	50	485	0	0	55	N/A
	2	N/A	50	375	895	190	345	35	0	45	N/A
	3 or More	N/A	0	260	85	660	145	115	0	505	N/A

Source: 2005-2008 ACS Three-Year Estimates

The table below depicts the percentages of affordable units occupied by different income groups. Extremely low income families constitute 46.5% of units affordable at 30% AMI. Consequently, other households making more than 30% of the AMI are occupying 53.5% of those units that are only affordable to those with the lowest incomes. While these units are affordable to those occupying them, those households can afford more expensive units and are using the only units affordable to the lowest income households. No rule exists that one must rent at the most expensive level affordable based on one's income, and households are expected to rent at levels much below their peak affordability level. Overall, 22.9% (1,680) of extremely low income households are living in units affordable to them. As a result, 77.1% (5,655) are living in unaffordable units. Because of this, there appears to be great demand for units affordable at the lowest levels.

### Occupied Housing Unit Affordability by Income of Occupying Household

			Affordable at 30% AMI		Affordable at 50% AMI		Affordable at 80% AMI		Affordable at 100% AMI		Affordable at > 100% AMI	
			Total HHs	% of Total	Total HHs	% of Total	Total HHs	% of Total	Total HHs	% of Total	Total HHs	% of Total
<b>Total Units</b>	<i>Owner</i>		N/A	N/A	17,695	14.9%	50,145	42.3%	15,745	13.3%	35,090	29.6%
	<i>Renter</i>		3,610	10.6%	12,705	37.5%	15,265	45.0%	2,345	6.9%	N/A	N/A
<b>Household Income</b>	<= 30% AMI	<i>Owner</i>	-	-	2,405	13.6%	1,945	3.9%	445	2.8%	790	2.3%
		<i>Renter</i>	1,680	46.5%	3,170	25.0%	2,070	13.6%	415	17.7%	-	-
	30.1% - 50% AMI	<i>Owner</i>	-	-	2,695	15.2%	3,745	7.5%	710	4.5%	1,235	3.5%
		<i>Renter</i>	750	20.8%	2,805	22.1%	1,885	12.3%	245	10.4%	-	-
	50.1% - 80% AMI	<i>Owner</i>	-	-	4,940	27.9%	7,460	14.9%	1,375	8.7%	2,415	6.9%
		<i>Renter</i>	595	16.5%	3,580	28.2%	4,175	27.4%	465	19.8%	-	-
	80.1% - 95% AMI	<i>Owner</i>	-	-	2,235	12.6%	6,470	12.9%	1,745	11.1%	1,880	5.4%
		<i>Renter</i>	225	6.2%	1,345	10.6%	2,675	17.5%	145	6.2%	-	-
	> 95.1% AMI	<i>Owner</i>	-	-	5,430	30.7%	30,520	60.9%	11,470	72.8%	28,785	82.0%
		<i>Renter</i>	355	9.8%	1,805	14.2%	4,455	29.2%	1,070	45.6%	-	-

### Housing Costs

The communities with the greatest median gross rent include Grand Rapids Charter Township (\$1,229), Solon Township (\$1,213), Grattan Township (\$933), Cascade Charter Township (\$940), and Ada Township (\$926). Those communities with the greatest median owner-occupied home values include Ada Township (\$259,700), City of East Grand Rapids (\$249,400), Cascade Charter Township (\$243,800), Cannon Township (\$235,200), and Bowne Township (\$218,800).

Those communities with the smallest gross rent are Sand Lake Village (\$282), Tyrone Township (\$399), and Village of Kent City (\$477). The communities with the smallest median owner-occupied home values are Kent City Village (\$96,400), Village of Sand Lake (\$96,700), and Casnovia Village (\$98,800).



### Housing Costs

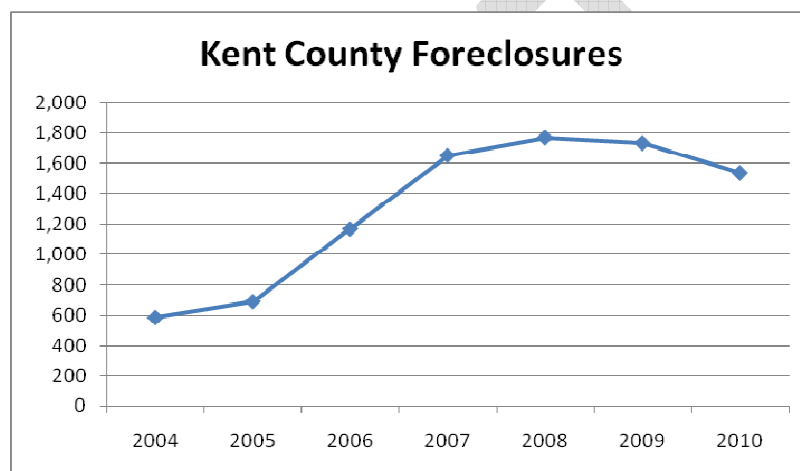
	Median Gross Rent	Median Owner- Occupied Home Value
<i>Ada Township</i>	\$926	\$259,700
<i>Algoma Township</i>	\$760	\$184,100
<i>Alpine Township</i>	\$682	\$146,500
<i>Bowne Township</i>	\$721	\$218,800
<i>Byron Township</i>	\$735	\$169,600
<i>Caledonia Township</i>	\$627	\$213,000
<i>Caledonia Village</i>	\$576	\$183,600
<i>Cannon Township</i>	\$772	\$235,200
<i>Cascade Charter Township</i>	\$940	\$243,800
<i>Casnovia Village</i>	\$738	\$98,800
<i>Cedar Springs City</i>	\$576	\$104,500
<i>Courtland Township</i>	\$692	\$201,200
<i>East Grand Rapids City</i>	\$750	\$249,400
<i>Gaines Charter Township</i>	\$695	\$164,100
<i>Grand Rapids Charter Township</i>	\$1,229	\$213,700
<i>Grandville City</i>	\$654	\$153,500
<i>Grattan Township</i>	\$933	\$217,000
<i>Kent City Village</i>	\$477	\$96,400
<i>Kentwood City</i>	\$694	\$143,400
<i>Lowell Charter Township</i>	\$535	\$171,200
<i>Lowell City</i>	\$524	\$122,300
<i>Nelson Township</i>	\$282	\$136,600
<i>Oakfield Township</i>	\$578	\$157,800
<i>Plainfield Charter Township</i>	\$674	\$160,700
<i>Rockford City</i>	\$644	\$152,400
<i>Sand Lake Village</i>	\$282	\$96,700
<i>Solon Township</i>	\$1,213	\$139,000
<i>Sparta Township</i>	\$574	\$122,500
<i>Sparta Village</i>	\$557	\$111,900
<i>Spencer Township</i>	\$812	\$145,400
<i>Tyrone Township</i>	\$399	\$126,300
<i>Vergennes Township</i>	\$827	\$202,600
<i>Walker City</i>	\$624	\$154,800
<i>Wyoming City</i>	\$684	\$120,100

Source: 2005-2009 ACS Five Year Estimates

### **Foreclosures**

Kent County was rocked by the housing crisis of the late 2000s, as evidenced by the extreme rise of foreclosures in 2007-2009 (see figure below). Across the board, from villages to townships to cities, foreclosures flooded the market. For example, from 2004 to 2010, the City of Cedar Springs had 125 foreclosures, 15.7% of its housing units; the Village of Kent City had 40 foreclosures, 17% of its units; Solon Township had 186 foreclosures, 10% of its units; and the City of Wyoming had 2,892 foreclosures representing 13.4% of its units.

It is expected that the high rate of foreclosures will continue for the next few years until the economy improves. The best way to combat these staggering numbers and help families maintain their homes will be through the use of CDBG funding for housing counseling. Once a person or family has lost a home they generally become renters due to a poor credit score and cannot benefit from some of the housing related programs funded through CDBG.



Source: Community Research Institute at Grand Valley State University

### **Housing Stock to Serve Those with HIV/AIDS**

HOPWA program activities in Kent County are provided by Community Rebuilders who receives HOPWA funds through the Michigan Department of Community Health. There are no units specifically set-aside to serve individuals with HIV/AIDS.

### **Housing Stock to Serve Those with Disabilities**

In February 2011, there were an estimated 28 rental housing facilities in the county that contained disability accessible units. Disability Advocates of Kent County is the primary resource for the disabled community for housing and accessibility needs.

Another local group, Home Repairs Services, has helped modify 185 units with wheelchair ramps or accessible bathrooms for those with disabilities in the last five years.

### Modifications for Disabilities

Year	# Modifications
2006	21
2007	28
2008	35
2009	51
2010	50
Total	185

Source: Home Repairs Services

13. Provide an estimate; to the extent information is available, of the number of vacant or abandoned buildings and whether units in these buildings are suitable for rehabilitation.

Of the 165,450 housing units in Kent County, 10,313 are vacant, according to the 2005-2008 ACS estimates. Those member communities with the highest percentages of their units being vacant include the Village of Casnovia (13.6%, 19 units), City of Cedar Springs (13.1%, 175 units), Grattan Township (18.4%, 301 units), Nelson Township (12.1%, 230 units), and the Village of Sparta (10.6%, 187 units). Three larger cities, while not having the highest percentages of vacant units among the member communities, have large numbers of vacant units: City of Kentwood (1516 units, 7.3%), City of Walker (772 units, 7.5%), and City of Wyoming 1872, 6.6%).

According to the ACS estimates, 2690 units (1.6% of the total housing stock) are vacant and available for rent, and 2740 units (1.7%) are vacant and for sale. The most vacant units for rent and sale are in the City of Kentwood (708 for rent and 337 for sale) and the City of Wyoming (596 for rent and 704 for sale).

### Vacant Units by Member Community

Community	Total Housing Units	Total Vacant	% Vacant	Total Vacant For Rent	% Vacant For Rent	Total Vacant For Sale	% Vacant For Sale
Ada Township	4,158	253	6.1%	0	0.0%	162	3.9%
Algoma Township	3,242	91	2.8%	0	0.0%	20	0.6%
Alpine Township	6,014	420	7.0%	121	2.0%	153	2.5%
Bowne Township	968	73	7.5%	0	0.0%	16	1.7%
Byron Township	8,022	287	3.6%	32	0.4%	40	0.5%
Caledonia Township	4,206	72	1.7%	40	1.0%	10	0.2%
Caledonia Village	634	56	8.8%	40	6.3%	10	1.6%
Cannon Township	4,811	269	5.6%	9	0.2%	76	1.6%
Cascade Charter Township	6,349	248	3.9%	0	0.0%	133	2.1%
Casnovia Village	140	19	13.6%	5	3.6%	8	5.7%
Cedar Springs City	1,334	175	13.1%	57	4.3%	70	5.2%
Courtland Township	2,561	161	6.3%	0	0.0%	0	0.0%
East Grand Rapids City	3,707	134	3.6%	0	0.0%	26	0.7%
Gaines Charter Township	9,562	680	7.1%	139	1.5%	184	1.9%

Grand Rapids Charter Township	5,572	232	4.2%	20	0.4%	65	1.2%
Grandville City	6,894	382	5.5%	109	1.6%	40	0.6%
Grattan Township	1,635	301	18.4%	0	0.0%	0	0.0%
Kent City Village	429	22	5.1%	0	0.0%	4	0.9%
Kentwood City	20,798	1516	7.3%	708	3.4%	337	1.6%
Lowell Charter Township	2,608	133	5.1%	0	0.0%	34	1.3%
Lowell City	1,869	151	8.1%	32	1.7%	0	0.0%
Nelson Township	1,895	230	12.1%	0	0.0%	31	1.6%
Oakfield Township	2,335	226	9.7%	0	0.0%	111	4.8%
Plainfield Charter Township	12,479	534	4.3%	190	1.5%	109	0.9%
Rockford City	2,233	121	5.4%	49	2.2%	72	3.2%
Sand Lake Village	260	7	2.7%	0	0.0%	7	2.7%
Solon Township	2,206	101	4.6%	0	0.0%	21	1.0%
Sparta Township	3,512	299	8.5%	165	4.7%	44	1.3%
Sparta Village	1,759	187	10.6%	130	7.4%	9	0.5%
Spencer Township	1,550	130	8.4%	0	0.0%	0	0.0%
Tyrone Township	1,726	81	4.7%	0	0.0%	63	3.7%
Vergennes Township	1,369	78	5.7%	0	0.0%	0	0.0%
Walker City	10,329	772	7.5%	380	3.7%	110	1.1%
Wyoming City	28,284	1872	6.6%	596	2.1%	704	2.5%
<b>Total Kent County CDBG</b>	<b>165,450</b>	<b>10313</b>	<b>6.2%</b>	<b>2690</b>	<b>1.6%</b>	<b>2740</b>	<b>1.7%</b>

Source: 2005-2008 ACS Three-Year Estimates

## Public and Assisted Housing 91.210 (b)

14. In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including
- the number of public housing units in the jurisdiction,
  - the physical condition of such units,
  - the restoration and revitalization needs of public housing projects within the jurisdiction,
  - the number of families on public housing and tenant-based waiting lists and
  - results from the Section 504 needs assessment of public housing projects located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25).

*The jurisdiction can use the optional Priority Public Housing Needs Table of the Consolidated Plan to identify priority public housing needs to assist in this process.*

Demand for public housing units and vouchers far outweighs the supply. The entire County of Kent contains 837 total public housing units with approximately 8,315 households on the waiting list, while 4,910 vouchers are being used with approximately 11,477 on the waiting list. Kent County

Housing Commission only administers vouchers and does not have any public housing units; however two Housing Commissions outside of Grand Rapids but within Kent County boundaries have a total of 247 public housing units.

#### Public and Subsidized Housing

	Public Housing			State/Federal Subsidized Housing		
	Units	Waiting List	Waiting List Close Date	Vouchers	Waiting List	Waiting List Close Date
<i>Grand Rapids Housing Commission</i>	400	8,000	Open	2,966	3,600	November 2010
<i>Greenville Housing Commission</i>	150	70	Open	107	800	July 2009
<i>Kent County Housing Commission</i>	N/A	N/A	N/A	390	4,453	August 2010
<i>Montcalm Housing Commission</i>	40	15	Open	235	26	October 2010
<i>MSHDA</i>	N/A	N/A	N/A	326		
<i>Rockford Housing Commission</i>	52	13	Open	90	98	2007
<i>Wyoming Housing Commission</i>	195	217	Open	1122	2500	September 2010
<b>Total</b>	<b>837</b>	<b>8,315</b>		<b>4,910</b>	<b>11,477</b>	

Source: Housing Commissions

The Wyoming Housing Commission reports that they have recently completed a needs assessment on all of their public housing units and are working diligently through their capital fund grants to address these needs. Their goal is to renovate and update each unit as goals become available. They are located at Westwood Apartments, Waldon Woods and at several other locations throughout Wyoming. Wyoming does not foresee losing any units in the foreseeable future. The Rockford Housing Commission reports they have been able to meet their continuing restoration needs through HUD's public housing Capital Funds and will continue to apply for available grants to meet their needs.

The HUD Office of Capital Improvement provides funds annually to public housing agencies across the country. Capital Fund grants may be used for development, financing, modernization, and management improvements to public housing. Many of the public housing units in Kent County were built in the 1970s and are due for repairs and modernization. The table below details the Capital Funds received by each public housing commission in Kent County from 2005 to 2010.

#### HUD Capital Fund Program Receipts

Agency	Total Units	2005	2006	2007	2008	2009	2010
<i>Grand Rapids Housing Commission</i>	441	\$714,509	\$697,140	\$684,321	\$492,051	\$576,554	\$575,227
<i>Greenville Housing Commission</i>	89	\$124,937	\$120,608	\$123,455	\$120,867	\$120,236	\$119,832
<i>Montcalm Housing Commission</i>	40	\$53,755	\$51,893	\$53,118	\$52,004	\$51,733	\$51,559
<i>Rockford housing Commission</i>	52	\$58,605	\$56,226	\$54,631	\$57,661	\$53,207	\$53,028
<i>Wyoming Housing Commission</i>	196	\$275,184	\$264,300	\$270,539	\$266,220	\$263,486	\$262,599

15. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an

assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).

According to the Grand Rapids Multi-family HUD office, no units are expected to be lost from the HUD-assisted housing inventory in Kent County in the foreseeable future. Given the economy, HUD expects current assisted-housing owners to continue renewing their contracts. Housing owners who are up for renewal have to provide HUD with at least one-year's notice. In terms of Low-income Housing Tax Credits, MSHDA reports that none of the LIHTC projects in Kent County will reach the end of their affordability period in the next five years. The earliest any projects will expire is 2020. See list of assisted housing below that is outside the City of Grand Rapids city limits.

In the list of assisted housing units, the top column describes the type of subsidy received by each project. Some projects may have more than one type of federal funding that makes these units affordable and some projects also have a number of market rate units. Section 8 units refers to units which have a project-based Section 8 subsidy meaning that the tenant pays 30% of their income toward the rent in that unit and the Section 8 stays with that unit. Section 202, Section 221(d)3, Section 236, Section 515 and Rural Assistance Program (RAP) are federal mortgage subsidy programs that lower the cost of financing the housing which is passed along to the tenant in the form of lower rent. In these projects, income-qualified tenants pay 30% of their income for the rent. LIHTC or Low Income Housing Tax Credit units are another form of affordable units that are subsidized with a development subsidy in order to lower the debt and operating costs so that lower rents can be charged. The LIHTC program is administered by the Michigan State Housing Development Authority and guided by a Qualified Allocation Plan (QAP) which sets the priorities for the types of projects which will receive an allocation of tax credits. Developers submit applications during two funding rounds which are scored based on the criteria found in the QAP. Each year the QAP is updated according to current needs in the state and an opportunity for comment and input is provided to housing providers and the public. An additional 6 units not reflected in the detailed table include scattered site rental units for households at or below 50% area median income produced through the Kent County NSP1 program by LINC Community Revitalization.

**Kent County Subsidized Housing Summary**

<b>Administrator</b>	<b>HUD</b>	<b>MSHDA</b>	<b>Other</b>	<b>Public Housing</b>	<b>Rural Housing</b>	<b>Total</b>
<i>Developments</i>	35	39	22	9	10	115
<b>Units</b>						
<i>Family Units</i>	1,784	2,183	847	278	288	5,374
<i>Elderly Units</i>	1,268	1,742	373	472	42	3,897
<i>Total Units</i>	3,052	3,925	1,220	750	330	9,271
<i>Kent County Only</i>	3,021					

Source: Michigan State Housing Development Authority

**Kent County Subsidized Housing (outside Grand Rapids city limits)**

Name	Address	Admins- trator	Barrier Free	Sect. 8	Sect. 202	Sect. 221 (d)3	Sect. 236	Sect. 515	Public Housing	LIHTC	MSHDA -LIHTC	RAP	R/S	MSHDA	Market Rate
<i>Ambrose Ridge</i>	1501 Woodworth, Grand Rapids, MI 49595	Other								84					
<i>Bayberry Farms Village</i>	2520 56th Street SW, Grandville, MI 49418	MSHDA									26				55
<i>Birchwood Gardens</i>	763-769 Hunt Street, Lowell, MI 49331	Rural Housing	2					20				14			
<i>Breton Meadows</i>	4740 Breton Road SE, Kentwood, MI 49508	MSHDA												20	
<i>Countryside Apartments</i>	4885 Green Oak Lane, Kentwood, MI 49508	HUD		141			5								
<i>Coventry Woods</i>	3550 Remembrance Drive, Walker, MI 49504	MSHDA		100											
<i>David's House</i>	2390 Banner Drive SW, Wyoming, MI 49509	HUD		10											
<i>Fairlane Meadows Coop</i>	3471 Fairmeadow SW, Grandville, MI 49418	HUD	5	19			29								
<i>Gaylord House</i>	2765 Orange Avenue SE, Grand Rapids, MI 49506	HUD		28											
<i>Genesis East Apartments</i>	2745 44th Street SE, Kentwood, MI 49518	Other	4							23					
<i>Grand Heritage Manor</i>	4300 Parkview Drive SW, Grandville, MI 49418	HUD		41											
<i>Green Tree</i>	4320 Kalamazoo SE, Kentwood, MI 49508	MSHDA	7	153											
<i>Gregg Apartments</i>	302 South Maple, Caledonia, MI 49316	Rural Housing	2					6				26			
<i>Harvest Hill Apartments</i>	130 Childsdale, Rockford, MI 49341	Rural Housing	2					16				30			
<i>Harvest Way</i>	65 Ida Red, Sparta, MI 49345	HUD		45											
<i>Hillview Townhouses</i>	602 Hillview Place, Rockford, MI 49341	HUD		130			6								
<i>Kent Residential Center</i>	4707 Eastern SE, Kentwood, MI 49503	MSHDA					16								

Name	Address	Admins- trator	Barrier Free	Sect. 8	Sect. 202	Sect. 221 (d)3	Sect. 236	Sect. 515	Public Housing	LIHTC	MSHDA -LIHTC	RAP	R/S	MSHDA	Market Rate
<i>Kent Ridge Apartments</i>	65 Kent Ridge Drive, Kent City, MI 49330	Rural Housing						20		32		12			
<i>Kent Ridge Junction</i>	161 Kent Ridge, Kent City, MI 49330	Rural Housing						32							
<i>Lexington Woods</i>	121 South Street, Cedar Springs, MI 49319	Rural Housing						5				11			
<i>Lowell Apartments</i>	1510 Debra Drive	Rural Housing	2					48							
<i>Mildred Houting Leisure Acres</i>	35 Maple Street SE, Sand Lake, MI 49343	HUD	2	32					195						
<i>Oak Forest</i>	3614 Pine Oak Avenue, Wyoming, MI 49509	Other								12					
<i>Old Mill of Sand Lake Apartments</i>	86 South Third Street, Sand Lake, MI 49343	Rural Housing						16							
<i>Pheasant Ridge</i>	3395 Pheasant Ridge SE, Kentwood, MI 49508	MSHDA					166								
<i>Pine Oak Apartments</i>	850 36th Street SW, Wyoming, MI 49509	MSHDA					77						50		
<i>Pine Ridge</i>	4388 Pine Ridge Parkway NE, Grand Rapids, MI 49505	HUD	7	104											64
<i>Pinery Park</i>	2300 Newstead Avenue SW, Wyoming, MI 49509	HUD	10	125											
<i>Red Flannel Acres</i>	311 Oak Street, Cedar Springs, MI 49319	HUD	3	48						56					
<i>Richter Place</i>	9101 Courtland Drive NE, Rockford, MI 49341	HUD	6	62											
<i>Rivergrove</i>	5671 Jupiter NE, Belmont, MI 49306	HUD			46										
<i>Riverwalk</i>	1501 Deborah Drive, Lowell, MI 49331	Other								48					
<i>Rogers Group Home</i>	320 Gladiloa Street SW, Wyoming, MI 49509	MSHDA		16											
<i>Rogue Valley Towers</i>	58 South Main Street, Rockford, MI 49341	Public Housing							52						

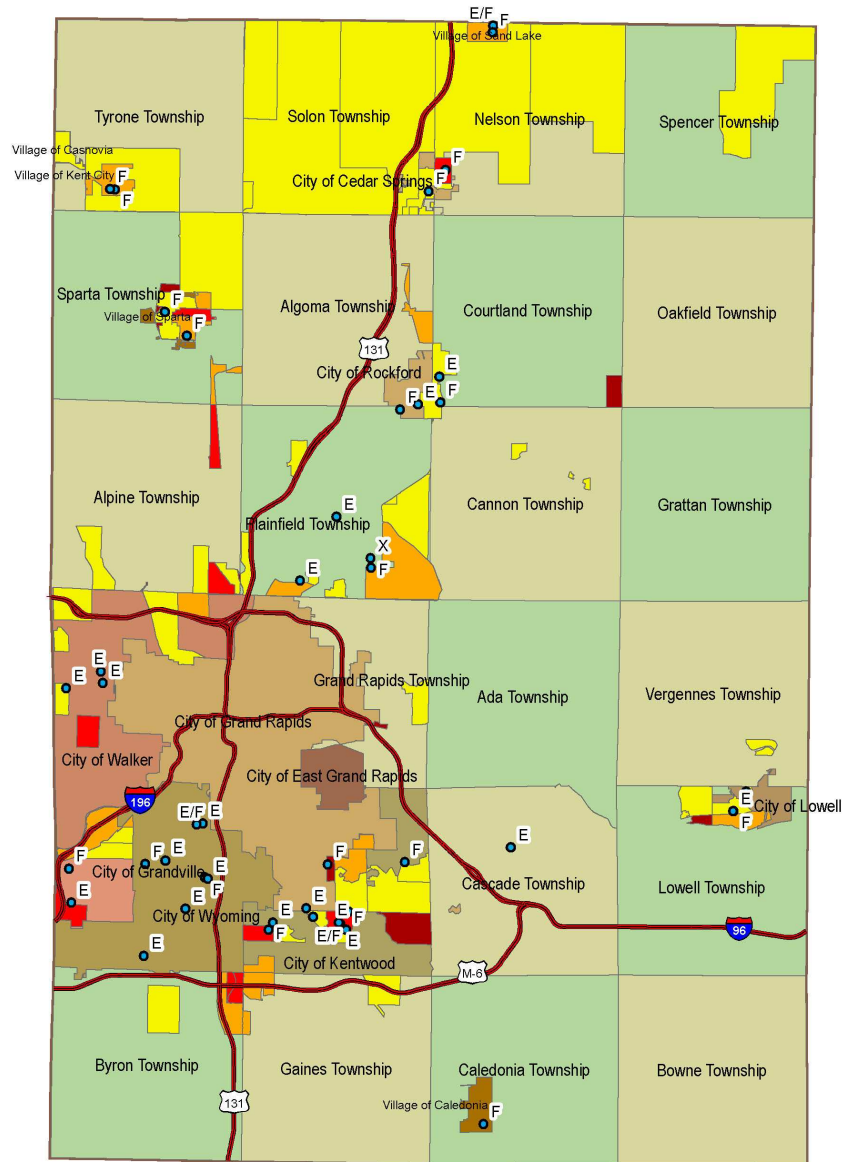


Name	Address	Admins- trator	Barrier Free	Sect. 8	Sect. 202	Sect. 221 (d)3	Sect. 236	Sect. 515	Public Housing	LIHTC	MSHDA -LIHTC	RAP	R/S	MSHDA	Market Rate
<i>Rolling Pines</i>	4650 Ramswood Drive NE, Grand Rapids, MI 49505	MSHDA					144						8		
<i>Sawmill Estates Family</i>	1185 Eagle Drive, Wayland, MI 49343	MSHDA									48				
<i>Sawmill Estates Senior</i>	1185 Eagle Drive, Wayland, MI 49343	MSHDA									34				
<i>Sparta Terrace</i>	181 Clark, Sparta, MI 49345	Rural Housing						5				27			
<i>Sparta Townhouses</i>	181 Clark, Sparta, MI 49345	HUD		48											
<i>Tamarisk Apartments</i>	4520 Bowen SE, Kentwood, MI 49508	HUD	10	100											
<i>Villa Esperanze</i>	1446 44th Street SW, Wyoming, MI 49509	HUD		39	1										
<i>Waldon Woods</i>	2405 Waldon Woods Drive SW, Wyoming, MI 49509	Public Housing							52						
<i>Walker Meadow Retirement</i>	1101 Wilson Avenue NW, Walker, MI 49504	Rural Housing		42											
<i>Walker Village Apartments</i>	1230 Walker Village Drive NW, Walker, MI 49504	HUD		18											
<i>Wellington Woods Senior</i>	4550 North Brenton Court, Kentwood, MI 49508	Other								90					
<i>Whitney Young Village</i>	4848 Breton SE< Kentwood, MI 49508	HUD		72											
<i>Woodbridge Manor</i>	3140 Woodbridge Drive, Kentwood, MI 49512	HUD	7	34											134
<i>Total Kent County outside Grand Rapids</i>			69	1,407	47	0	443	168	299	345	108	120	58	20	253



## Non-Grand Rapids Subsidized Housing

5/2011



● Subsidized Housing

**CDBG Target Areas 2010  
LowMod Percentage**

40.3 - 50

50 - 60

60 - 70

70+



Kent County, MI makes no warranty, expressed or implied, regarding the accuracy, completeness or usefulness of information presented. Users of this information assume all liability for its fitness for a particular use.

## **Homeless Inventory 91.210 (c)**

16. The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A or in the CPMP Tool Needs Table. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. This inventory of facilities should include (to the extent it is available to the jurisdiction) an estimate of the percentage or number of beds and supportive services programs that are serving people that are chronically homeless.

The following table provides detailed information regarding the existing facilities and services that assist homeless persons and families with children in the Kent County CDBG area.

**Grand Rapids/Wyoming/Kent County Continuum of Care Housing Inventory Chart - 2009**

<b>Emergency Shelter</b>	<b>Provider Name</b>	<b>Facility Name</b>	<b>Family Units</b>	<b>Family Beds</b>	<b>Individual Beds</b>	<b>Total Beds</b>	<b>Seasonal</b>	<b>Overflow/Voucher</b>
<i>For Families</i>	Catholic Charities of West Michigan	Casa de la Paz	5	20	0	20	0	0
	Inner City Christian Federation	Family Haven	5	23	0	23	0	0
	Interfaith Hospitality Network	IHN	5	14	0	14	0	0
<i>For Mixed Populations</i>	Mel Trotter Ministries	Women/Children ES	4	9	26	35	0	0
	Safe Haven Ministries	Ramoth House	4	11	4	15	0	0
	The Salvation Army	Booth Family Lodge	3	7	12	19	0	1
	Well House	Well House	3	9	3	12	0	0
	YWCA	Domestic Crisis Center	8	26	4	30	0	1
<i>For Single Individuals</i>	Guiding Light Mission	GL Mission	0	0	68	68	0	5
	Mel Trotter Ministries	Men's ES	0	0	98	98	0	37

<b>Transitional Housing</b>	<b>Provider Name</b>	<b>Facility Name</b>	<b>Family Units</b>	<b>Family Beds</b>	<b>Individual Beds</b>	<b>Total Beds</b>	<b>Seasonal</b>	<b>Overflow/Voucher</b>
<i>For Families</i>	Community Rebuilders	Project FIT	24	100	0	100	N/A	N/A
	Dwelling Place	Liz's House	9	22	0	22	N/A	N/A
	Grand Rapids Housing Comm.	Hope Community	23	65	0	65	N/A	N/A
	The Salvation Army	Kindred	13	34	0	34	N/A	N/A
<i>For Mixed Populations</i>	Mel Trotter Ministries	Women/Children TH	7	18	39	57	N/A	N/A
	YWCA	Project Heal	31	132	4	136	N/A	N/A
<i>For Single Individuals</i>	Dwelling Place	My Sister's house	0	0	21	21	N/A	N/A
	Guiding Light Mission	Men's Housing	0	0	37	37	N/A	N/A
	Men's TH	Men's TH	0	0	72	72	N/A	N/A
<i>For Youth Under 18 Years</i>	The Salvation Army	Teen Parent Center	9	18	0	18	N/A	N/A

<b><i>Permanent Supportive Housing</i></b>	<b>Provider Name</b>	<b>Facility Name</b>	<b>Family Units</b>	<b>Family Beds</b>	<b>Individual Beds</b>	<b>Total Beds</b>	<b>Seasonal</b>	<b>Overflow/ Voucher</b>
<i>For Mixed Populations</i>	Community Rebuilders	S+C - TRA	43	119	50	169	N/A	N/A
	Community Rebuilders	S+C - SRA	14	43	35	78	N/A	N/A
	Genesis Non-Profit Housing Corp.	Kingsbury Place	12	15	21	36	N/A	N/A
	Genesis Non-Profit Housing Corp.	Heron Courtyard	3	8	12	20	N/A	N/A
	Genesis Non-Profit Housing Corp.	Oroiquis Apartments	0	0	15	15	N/A	N/A
<i>For Single Individuals</i>	Dwelling Place	S+C - Herkimer - SRA	0	0	20	20	N/A	N/A
	Grand Rapids Housing Comm.	Home at Last I	0	0	21	21	N/A	N/A
	Grand Rapids Housing Comm.	Home at Last II	0	0	16	16	N/A	N/A
	Heartside Non-Profit Housing Corp.	Ferguson Apartments	0	0	101	101	N/A	N/A
	Heartside Non-Profit Housing Corp.	Verne Barry	0	0	28	28	N/A	N/A
	Heartside Non-Profit Housing Corp.	Verne Barry	0	0	88	88	N/A	N/A

## **Special Need Facilities and Services 91.210 (d)**

17. Describe, to the extent information is available, the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring persons returning from mental and physical health institutions receive appropriate supportive housing.

The following is a summary of facilities and services that support non-homeless special needs in the Kent County community.

### **Frail Elderly:**

- Area Agency on Aging of Western Michigan
- Senior Meals on Wheel Program, Inc.
- Gerontology Network
- Senior Neighbors, Inc.
- HHs, Health Options

### **Persons with Physical Disabilities**

- Disability Advocates of Kent County
- Hope Network West Michigan
- Goodwill Industries of Greater Grand Rapids, Inc.
- MOKA (serving Muskegon, Ottawa, Kent and Allegan Counties)

### **Persons with Development Disabilities**

- Genesis Non-Profit Housing Corporation
- Lutheran Social Services
- Goodwill Industries of Greater Grand Rapids, Inc.
- MOKA
- Spectrum Community Services
- Hope Network West Michigan
- Thresholds
- Network180

### **Persons with Severe Mental Illness**

- Network 180
- The Arbor Circle Corporation
- Hope Network Behavioral Health Services
- Bethany Christian Services
- Life Guidance Services
- Family Outreach Center
- Native American Community Services
- Forest view Hospital
- Genesis Non-Profit Housing Corporation
- Pine Rest Christian Mental Health Services
- Gerontology Network
- St. Mary's Mercy Medical Center
- Goodwill Industries of Greater Grand Rapids, Inc.

- Touchstone Innovare
- Unlimited Alternatives
- HHS, Health Options
- Wedgwood Christian Services
- YWCA

#### Persons with Substance Abuse Issues

- The Arbor Circle Corporation
- Network180
- Life Guidance Services
- Bethany Christian Services
- Native American Community Services
- Family Outreach Center
- Our Hope
- Gerontology Network
- Pathfinder Resources

#### Persons with AIDS and Related Diseases

- Network180
- St. Mary's Mercy Medical Center/McAuley Clinic
- Grand Rapids Area Center for Ecumenism (GRACE)

### **Barriers to Affordable Housing 91.210 (e)**

18. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.

Equal and free access to residential housing (housing choice) is fundamental to meeting essential needs and pursuing personal, educational, employment, or other goals. Because housing choice is so critical, fair housing is a goal that Government, public officials, and private citizens must achieve if equality of opportunity is to become a reality. Entitlement jurisdictions, including Kent County, must become fully aware of the existence, nature, extent, and causes of all fair housing problems and the resources available to solve them. Without this information, the County's Fair Housing Planning (FHP) will fall short of measurable results. The County may waste energy and resources that it could have used more effectively with careful planning and execution. A properly completed Analysis of Impediments to Fair Housing Choice (AI) provides this information.

The 2010/2011 Analysis of Impediments to Fair Housing Choice (AI) was prepared by the Kent County Community Development Department with assistance from McKenna Associates in accordance with the Fair Housing Planning Guide, published by the U.S. Department of Housing and Urban Development (HUD). Participants in developing the AI included: Kent County elected officials, department heads, and staff; many public service agencies and organizations; and the private sector.

## **Barriers to Affordable Housing**

Barriers to the development and provision of affordable housing as they apply specifically to Kent County can generally be separated into six categories as follows:

1. Economic:
  - Poor credit;
  - Housing costs (mortgage and maintenance); and
  - Lost value
2. Local Policies:
  - Lack of source of income regulations (exists in only 3 communities);
  - Zoning decisions/land use policies; and
  - Failure to equitably accept housing vouchers and higher density residential development
3. Regional/National Policies:
  - New lead based paint regulations and cost to eradicate
  - Prevailing wage and associated costs
4. Need for increased Access:
  - Lack of public transportation linkage to out-County areas
  - Services concentrated around Grand Rapids, isolation from growing demand in out-County areas
5. Need for Fair Housing Education and Training:
  - Foreclosures bring about uneducated new investors
  - Internet marketing lacks controls to ensure fair housing choice
  - NIMBYism still a problem, will likely increase as market rebounds and demand for new single-family housing rises
  - Discrimination is unintentional or unknown
  - Steering of realtors based on perceptions of communities and/or school districts
6. Discriminatory Lending Practices:
  - Financing and Lending
  - 2006 and 2009 HMDA data demonstrate disparities in lending



## STRATEGIC PLAN

The strategic plan must describe how the jurisdiction plans to provide new or improved availability, affordability, and sustainability of decent housing, a suitable living environment, and economic opportunity, principally for extremely low-, low-income, and moderate-income residents.

### **General Priority Needs Analysis and Strategies 91.215 (a)**

19. In this narrative, describe the reasons for setting priorities for allocating investment among different activities and needs, as identified in tables\* prescribed by HUD. 92.215(a)(1)
20. Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.
21. If applicable, identify the census tracts for Neighborhood Revitalization Strategy Areas and/or any local targeted areas.
22. Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)).
23. If appropriate, the jurisdiction should estimate the percentage of funds the jurisdiction plans to dedicate to Neighborhood Revitalization Strategy Areas and/or any local targeted areas.
24. Identify any obstacles to meeting underserved needs.

The geographic areas of the jurisdiction in which assistance will be directed include census tracts in which the low-moderate income population is 39.82 % or higher. A map of these jurisdictions is contained in the appendix. Per HUD regulations, ordinarily, to receive CDBG funds, 51% or more residents in the populated block groups in a community's jurisdiction must be low/mod income residents. Some communities, including Kent County, qualify to use the area benefit exception in which they use a lower percentage. As an exception grantee, HUD provides the applicable percentage on an annual basis.

The County of Kent has historically allocated the majority of entitlement funds received from HUD to the participating local units of government, based upon the proportion of the low-moderate income population residing in their community. Because of the geographic size of the program at the county level, the Kent County CDBG program has adopted the philosophy of allowing its Participating Communities to identify eligible projects programs and locations within detailed administrative guidelines. Kent County believes that local decision-making process is best suited to identify local eligible program and project needs.

This county-wide programmatic approach is implemented within the HUD CDBG objective of “development of viable urban communities by providing decent housing and a suitable living environment, and expanding economic opportunities particularly for persons of low and moderate income.” Additionally the local program choices must fall within one of three operational objectives of benefiting low- and moderate-income persons, addressing slums and blight and/or meeting a particularly urgent community need.

Kent County does not have any Neighborhood Revitalization Strategy areas or other special local target areas.

Obstacles to meeting underserved needs in the area of suitable living environment and access to public infrastructure and facilities relate to the current economic climate in which fewer funds are available to match and leverage federal grant dollars. Many local units of government are facing property tax revenue shortfalls which in turn leads to cuts in staff, services and municipal office hours.

### Specific Objectives 91.215 (a) (4)

25. Summarize priorities and specific objectives the jurisdiction intends to initiate and/or complete in accordance with the tables\* prescribed by HUD. Outcomes must be categorized as providing either new or improved availability/accessibility, affordability, or sustainability of decent housing, a suitable living environment, and economic opportunity.

**Goals and objectives to be carried out during the strategic plan period are indicated by placing a check in the following boxes.**

<input type="checkbox"/>	<b>Objective Category Decent Housing</b> Which includes:	<input type="checkbox"/>	<b>Objective Category: Expanded Economic Opportunities</b> Which includes:	<input type="checkbox"/>	<b>Objective Category: Expanded Economic Opportunities</b> Which includes:
<input type="checkbox"/>	assisting homeless persons obtain affordable housing	<input checked="" type="checkbox"/>	improving the safety and livability of neighborhoods	<input type="checkbox"/>	job creation and retention
<input type="checkbox"/>	assisting persons at risk of becoming homeless	<input type="checkbox"/>	eliminating blighting influences and the deterioration of property and facilities	<input type="checkbox"/>	establishment, stabilization and expansion of small business (including micro-businesses)
<input checked="" type="checkbox"/>	retaining the affordable housing stock	<input checked="" type="checkbox"/>	increasing the access to quality public and private facilities	<input type="checkbox"/>	the provision of public services concerned with employment
<input checked="" type="checkbox"/>	increasing the availability of affordable permanent housing in standard condition to low-income and moderate-income families, particularly to members of disadvantaged minorities without discrimination on the basis of race, color, religion, sex, national origin, familial status, or disability	<input type="checkbox"/>	reducing the isolation of income groups within areas through spatial de-concentration of housing opportunities for lower income persons and the revitalization of deteriorating neighborhoods	<input type="checkbox"/>	the provision of jobs to low-income persons living in areas affected by those programs and activities under programs covered by the plan
<input type="checkbox"/>	increasing the supply of supportive housing which includes structural features and services to enable persons with special needs	<input type="checkbox"/>	restoring and preserving properties of special historic, architectural, or aesthetic value	<input type="checkbox"/>	availability of mortgage financing for low income persons at reasonable rates using non-discriminatory lending

	(including persons with HIV/ADOS) to live in dignity and independence				practices
<input checked="" type="checkbox"/>	providing affordable housing that is accessible to job opportunities	<input checked="" type="checkbox"/>	conserving energy resources and use of renewable energy sources	<input type="checkbox"/>	access to capital and credit for development activities that promote the long-term economic social viability of the community

**Identify Specific Objectives and Proposed Outcomes by completing Table 1C or 2C – Summary of Specific Objectives**

**Table 1C Summary of Specific Objectives**

**Grantee Name: Kent County**

Suitable Living Environment with Purpose of New or Improved Availability/Accessibility (SL-1)							
Specific Objective		Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed
SL 1.1	Improve public facilities and public infrastructure to ensure access to a suitable living environment.	CDBG	2010	Number of persons with new or improved access to the public facility OR the public infrastructure.	Number to be included in each annual action plan		%
			2011				%
			2012				%
			2013				%
			2014				%
			MULTI-YEAR GOAL				
Suitable Living Environment with Purpose of New or Improved Availability/Accessibility (SL-1)							
Specific Objective		Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed
SL 1.2	Public service activities funded to provide access to a suitable living environment.	CDBG	2010	Performance Indicator #1 Number of persons receiving increased access to transportation services	190 per year		%
			2011				%
			2012				%
			2013				%
			2014				%
			MULTI-YEAR GOAL				
SL 1.2	Public service activities funded to provide access to a suitable living environment.	CDBG	2010	Performance Indicator #2 Number of seniors receiving increased or new access to healthy food (Senior Meals)	3000/year		%
			2011				%
			2012				%
			2013				%
			2014				%
			MULTI-YEAR GOAL				
SL 1.2	Public service activities funded to provide access to a suitable living environment.	CDBG	2010	Performance Indicator #3 Number of teens receiving increased access to teen parenting services.	25 per year		%
			2011				%
			2012				%
			2013				%
			2014				%
			MULTI-YEAR GOAL				

SL 1.2	Public service activities funded to provide access to a suitable living environment.	CDBG	2010	Performance	500/year		%
			2011	Indicator #1			%
			2012	Number of			%
			2013	seniors receiving			%
			2014	access to			%
				information and referral services, and reduced social isolation through social programs.			
MULTI-YEAR GOAL						%	

## HOUSING

### Priority Housing Needs

### 91.215 (b)

26. Describe the relationship between the allocation priorities and the extent of need given to each category specified in the Housing Needs Table (Table 2A or Needs.xls). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.

The housing needs of Kent County Households earning less than 80% of the area MFI has increased significantly since 2000. In 2000, 30.6% of households in the Kent County CDBG area earned 80% or less of the Median Family Income. By 2010, the number of households increased by more than 18,000 and comprised 34.2% of the all households in the county. Table 2A, below, describes the specific needs of households in Kent County.

<b>Table 2A</b> <b>Priority Housing Needs/Investment Plan Table</b> Source: 2010 HUD CHAS Data				
<b>PRIORITY HOUSING NEEDS (households)</b>		<b>Priority</b>		<b>Unmet Need</b>
<b>Renter</b>	Small Related*	0-30%	H	1,990
		31-50%	H	1,630
		51-80%	M	1,080
	Large Related*	0-30%	H	935
		31-50%	M	330
		51-80%	L	170
	Elderly*	0-30%	M	880
		31-50%	M	890
		51-80%	L	520
	All Other*	0-30%	H	2,385
		31-50%	M	1,430
		51-80%	L	855
<b>Owner</b>	Small Related*	0-30%	H	1,665
		31-50%	H	1,845
		51-80%	M	3,040
	Large Related*	0-30%	M	190
		31-50%	L	440
		51-80%	L	1,385
	Elderly*	0-30%	H	1,820
		31-50%	H	2,075
		51-80%	L	1,285
	All Other*	0-30%	M	1,190
		31-50%	L	775
		51-80%	L	1,480

<b>Non-Homeless Special Needs</b>	Elderly†	0-80%	H	4,260
	Frail Elderly†	0-80%	H	3,840
	Severe Mental Illness‡	N/A	H	4,207
	Physical Disability+	0-80%	M	3,915
	Developmental Disability‡	N/A	M	949
	Alcohol/Drug Abuse‡	N/A	M	1,270
	HIV/AIDS §	N/A	L	1
	Victims of Domestic Violence	N/A	M	166

**Notes to Table 2A**

\* For all Renter and Owner Data, unmet need represents the number of households in each group with a moderate or severe cost burden as identified by HUD 2010 Data.

† For Elderly and Frail Elderly Non-Homeless Special Needs, unmet need represents the number of households in each group with a housing problem as identified by HUD 2010 Data.

‡ For Severe Mental Illness, Developmental Disability, and Alcohol/Drug Abuse Non-Homeless Special needs, unmet need represents the number of persons assisted by Network180 in 2010 plus those in each group severed by the Grand Rapids/Wyoming/Kent County Continuum of Care in 2009.

§ For HIV/AIDS and Victims of Domestic Violence Non-Homeless Special Needs, unmet need represents the number of persons served by the Grand Rapids/Wyoming/Kent County Continuum of Care in 2009.

+ For Physical Disability Non-Homeless Special Needs, unmet need represents the number of households with housing problems identified as Disabled as reported by HUD 2010 Data.

**Table 2A**  
**Priority Housing Needs/Investment Plan Goals**

<b>Priority Need</b>	<b>5-Yr. Goal Plan/Act</b>	<b>Yr. 1 Goal Plan/Act</b>	<b>Yr. 2 Goal Plan/Act</b>	<b>Yr. 3 Goal Plan/Act</b>	<b>Yr. 4 Goal Plan/Act</b>	<b>Yr. 5 Goal Plan/Act</b>
<b>Renters</b>						
0 - 30% of MFI	0					
31 - 50% of MFI	0					
51 - 80% of MFI	30	10	8	4	4	4
<b>Owners</b>						
0 - 30% of MFI						
31 - 50% of MFI						
51 - 80% of MFI	545	101	111	111	111	111
<b>Homeless*</b>						
Individuals						
Families						
<b>Non-Homeless Special Needs</b>						
Elderly	50	10	10	10	10	10
Frail Elderly	40	8	8	8	8	8
Severe Mental Illness	0					
Physical Disability	8	0	8	0	0	0
Developmental Disability	6		6			
Alcohol/Drug Abuse	0					
HIV/AIDS	0					
Victims of Domestic Violence	0					
<b>Total</b>						
<b>Total Section 215</b>						
215 Renter	30					
215 Owner	21					

\* Homeless individuals and families assisted with transitional and permanent housing

NOTE: Annual Action Plan will include the most accurate Goals and Actuals based upon that year's available resources and project applications received.

**Table 2A**  
**Priority Housing Activities**

Priority Need	5-Yr. Goal Plan/Act	Yr. 1 Goal Plan/Act	Yr. 2 Goal Plan/Act	Yr. 3 Goal Plan/Act	Yr. 4 Goal Plan/Act	Yr. 5 Goal Plan/Act
<b>CDBG</b>						
Acquisition of existing rental units	0	0	0	0	0	0
Production of new rental units	0	0	0	0	0	0
Rehabilitation of existing rental units	0	0	0	0	0	0
Rental assistance	0	0	0	0	0	0
Acquisition of existing owner units	0	0	0	0	0	0
Production of new owner units	0	0	0	0	0	0
Rehabilitation of existing owner units						
Moderate Home Repair	65	5	15	15	15	15
Minor Home Repair	375	75	75	75	75	75
Access Modification	30	6	6	6	6	6
Weatherization	75	15	15	15	15	15
Total	545					
Homeownership assistance	0	0	0	0	0	0
<b>HOME</b>						
Acquisition of existing rental units	0					
Production of new rental units	8		8			
Rehabilitation of existing rental units	22	10		4	4	4
Rental assistance	0	0	0	0	0	0
Acquisition of existing owner units for redevelopment and resale	21	5	0	4	4	4
Production of new owner units	0	0	0	0	0	0
Rehabilitation of existing owner units	0					
Homeownership assistance	TBD					
<b>HOPWA - NOT APPLICABLE</b>						
Rental assistance	0	0	0	0	0	0
Short term rent/mortgage utility payments	0	0	0	0	0	0
Facility based housing development	0	0	0	0	0	0
Facility based housing operations	0	0	0	0	0	0
Supportive services	0	0	0	0	0	0
<b>Other</b>						
<u>Foreclosure Prevention Services</u>	2000	450	450	400	400	300



27. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category, particularly among extremely low-income, low-income, and moderate-income households.

Note: Family and income types may be grouped in the case of closely related categories of residents where the analysis would apply to more than one family or income type.

The following data represents only the Kent County CDBG jurisdiction, not including the City of Grand Rapids or Wyoming. Cost Burden is the most prevalent problem among Kent County's Extremely-Low, Low, and Moderately-Low Income households. Table 2A assigns a priority to each of the households types shown, however, the five priorities detailed below represent those households with the greatest need.

**Priority 1:** All (Small Related, Large Related, Non-Family, and Elderly) Extremely-Low Income Renting Households

*Analysis:* There is a significant need for assistance among the Extremely-Low Income Renting population. In 2000, 3,295 households were Extremely-Low Income Renters (or 2.9% of all households in the county) and slightly more than 2,500 of them had a housing problem. In the last decade, however, this group has increased significantly. Nearly 22% of all Renting households (or 4% of all households in the county) are Extremely-Low Income in 2010. Of these 7,470 households, 6,280 (83%) have one of the HUD defined housing problems. The most troublesome problem for this group is Moderate and Severe Cost Burden. While only 11% of those with a housing problem have a Moderate Cost Burden, nearly 80% are spending more than 50% of their income on housing costs (Severe Cost Burden). A more detailed view of those with any Cost Burden show that 32% are Small Related families, 15% are Large Related Families, 14% are Elderly, and 39% are Non-Family Households. Of the 34,355 rental housing units in the county, only 3,605 are affordable to Extremely-Low Income households.

**Priority 2:** All (Small Related, Large Related, Non-Family, and Elderly) Extremely-Low Income Home Owners

*Analysis:* Similar to the need of the Extremely-Low Income Renting population, there is a significant need among Extremely-Low Income homeowners. In 2000, 3,552 households were Extremely-Low Income Owners (or 3.1% of all households in the county) and slightly more than 2,600 of them had a housing problem. In the last decade, however, this group has increased significantly. Approximately 5% of all homeowners (or 3.6% of all households in the county) are Extremely-Low Income in 2010. Of these 5,665 households, 4,855 (86%) have one of the HUD defined housing problems. The most prevalent problem for this group is Moderate and Severe Cost Burden. More than 22% of those households with a problem are experiencing a Moderate Cost Burden and 75% a Severe Burden. A more detailed view of those with any Cost Burden show that 34% are Small Related families, 4% are Large Related Families, 37% are Elderly Households, and 25% are Non-Family

Households. Housing affordability data is not available for Extremely-Low Income households.

**Priority 3:** Small Related and Elderly Low Income Home Owners

*Analysis:* In 2000, 5,462 households were Low Income Owners (4.9% of all households in the county) and slightly more than 2,600 of them had a housing problem. In the last decade, this group has increased significantly. Approximately 7% of all homeowners (5.4% of all households in the county) are Low Income in 2010. Of these 8,380 households, 5,130 (61.2%) have one of the HUD defined housing problems. The most prevalent problem for this group is Moderate and Severe Cost Burden. More than 46% of those households with a problem are experiencing a Moderate Cost Burden and 52% a Severe Burden. A more detailed view of those with any Cost Burden show 47% are Small Related Families and 40% are Elderly Households. Of the 119,110 homes in Kent County, approximately 17,700 units are affordable to Low Income households. While there is a perceived surplus of homes affordable to Low Income Households, 71% (12,605) of these units are occupied by households earning more than 50% of the Median Family Income, thereby creating a shortage of affordable homes for Low Income Households.

**Priority 4:** All (Small Related, Large Related, Non-Family, and Elderly) Low Income Renting Households

*Analysis:* In 2000, 3,644 households were Low Income Renters (3.2% of all households in the county) and slightly more than 2,700 of them had a housing problem. In the last decade, this group has increased significantly. Approximately 17% of all renters (3.7% of all households in the county) are Low Income in 2010. Of these 5,825 households, 4,295 (73.7%) have one of the HUD defined housing problems. The most prevalent problem for this group, similar to all the other priority groups, is Moderate and Severe Cost Burden. More than 63% of those households with a problem are experiencing a Moderate Cost Burden and almost 30% have a Severe Cost Burden. A more detailed view of those with any Cost Burden show 38% are Small Related families, 8% are Large Related families, 21% are Elderly, and 33% are Non-Family households. Of the 34,355 rental units in Kent County, 12,705 are affordable to Low Income households. Similar to Priority 3, however, almost 53% of these units are occupied by households earning more than 50% of the Median Family Income, thereby making it more difficult for Low Income Households to find a home.

**Priority 5:** Small Related and Large Related Moderately-Low Income Home Owning Families

*Analysis:* In 2000, 12,222 households were Moderately-Low Income homeowners (11% of all households in the county) and slightly more than 4,100 (34%) of them had a housing problem. In 2010, this group represents 10.6% (16,400) of all county households. While the proportion of Moderately-Low Income homeowners has remained stable, those with housing problems has increased significantly. In 2010, more than 46% have one of the HUD defined housing problems. The most prevalent problem for this group, similar to all the other priority groups, is Moderate and Severe Cost Burden. More than two-thirds of households with housing problems are experiencing a Moderate Cost Burden, and 25% have a Severe Cost Burden. A more detailed view of those with any Cost Burden shows 42% are Small Related families,

19% are Large Related families, 18% are Elderly, and 21% are Non-Family Households. More than 50,000 housing units in Kent County are affordable to Moderately-Low Income households. However, households earning less than 80% of the Median Family Income occupy only 26% of these units, creating a shortage for Moderately-Low Income households. While Extremely-Low and Low Income households are traditionally prioritized over higher earning households, the economic recession and subsequent housing market collapse over the last five years or so has placed many seemingly, financially stable households in a housing crisis. Adjustable rate mortgages, poor lending practices, foreclosures, and job loss have all contributed to the increased need for housing assistance for Moderately-Low Income homeowners. Targeted assistance to this group will hopefully prevent at-risk households from entering the homeless system, increased cost burden, substandard living conditions, and overcrowding.

**Priority 6: Foreclosure Prevention and Assistance**

The housing crisis in the last half of the '00 decade has placed an increased burden on many homeowners, and those in Kent County are no exception. The home-owning households identified in Priorities Two, Three, and Five listed above have been particularly impacted by foreclosures. Lax lending practices, adjustable rate mortgages, and inflated home prices prior to the housing market collapse, coupled with widespread job loss in the region has precipitated the cost burden now facing these households. From 2004 to 2010, the number of foreclosures in the county increased 163%. During this seven year period, more than 9,100 households experienced foreclosure; more than 7% of the total housing units in the county. While the households in the priorities above are in need of the most assistance, the County plans to focus on foreclosure counseling and assistance in order to prevent more households from experiencing a housing crisis, including middle- and upper-income households.

**28. Identify any obstacles to meeting underserved needs.**

Barriers to meeting the underserved needs of the county included continued home foreclosures, strict mortgage lending, continued economic recession and related job loss, and lack of funding and coordination among service providers. As local governments' resources dwindle, it will be increasingly important for the County to help inform them of the various service providers and organizations to better utilize funds and services without duplication. In particular, the County will plan to educate communities who have not traditionally dealt with resources for low-income housing in the past.

**Specific Objectives/Affordable Housing 91.215 (b)**

Note: Specific affordable housing objectives must specify the number of extremely low-income, low-income, and moderate-income households to whom the jurisdiction will provide affordable housing as defined in 24 CFR 92.252 for rental housing and 24 CFR 92.254 for homeownership. (24 CFR 91.215(b)(2))

**29. Identify each specific housing objective by number (DH-1, DH-2, DH-2), proposed accomplishments and outcomes the jurisdiction hopes to achieve in quantitative terms over a specified time period, or in other measurable terms as identified and defined by the jurisdiction.**

**Table 1C Summary of Specific Objectives**

**Grantee Name: Kent County**

Decent Housing with Purpose of New or Improved Availability/Accessibility (DH-1)							
Specific Objective		Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed
DH 1.1	Address the need for availability of decent housing through offering housing rehabilitation for low-income homeowners that addresses code compliance, weatherization and lead-safe improvements.	CDBG	2010	Number of houses brought up to code through Kent County Moderate Rehab Program and HRS	105/year		%
			2011				%
			2012				%
			2013				%
			2014				%
		MULTI-YEAR GOAL			525		%
Decent Housing with Purpose of New or Improved Availability/Accessibility (DH-1)							
Specific Objective		Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed
DH 1.2	Specific Objective: Address the need for fair housing education and counseling on tenant rights and housing discrimination	CDBG	2010	#1 Number of persons receiving fair housing education. # of paired tests	2,000/year  Testing: TBD/year		%
			2011				%
			2012				%
			2013				%
			2014				%
		MULTI-YEAR GOAL					%
Decent Housing with Purpose of New or Improved Affordability (DH-2)							
Specific Objective		Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed
DH 2.1	Address the need for affordable single family units by development of homes available to low- and moderate-income households up to 80% AMI and providing down payment assistance.		2010	Number of households assisted; Number of home owner units developed	5/year		%
			2011				%
			2012				%
			2013				%
			2014				%
		MULTI-YEAR GOAL					%
Decent Housing with Purpose of New or Improved Affordability (DH-2)							
Specific Objective		Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed
DH 2.2	Address the need for decent affordable rental housing units for households at and below 80% Area Median Income by developing additional rental units.		2010	Number of households assisted; Number of rental units developed	5/year		%
			2011				%
			2012				%
			2013				%
			2014				%
		MULTI-YEAR GOAL					%

**Table 1C Summary of Specific Objectives (cont'd)**

Decent Housing with Purpose of New or Improved Sustainability (DH-3)							
Specific Objective		Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed
DH	Specific Objective: Address the need for homeowner counseling to prevent foreclosures.		2010	Performance	400/year		%
			2011	Indicator #1			%
			2012	Number of			%
			2013	persons			%
			2014	receiving			%
				housing counseling from HRS			
	MULTI-YEAR GOAL				2,000		%

30. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

Resources reasonably expected to be available for development of affordable housing primarily include HOME Investment Partnership funds and HOME partner matching funds.

The HOME Investment Partnerships Program or HOME Program was created by the National Affordable Housing Act of 1990. The purpose of the HOME Program is to increase the supply of safe, decent, sanitary, and affordable housing for low and very-low-income households. The program was designed to reinforce several important values and principles of community development:

- Provide decent affordable housing to lower-income households,
- Expand the capacity of nonprofit housing providers,
- Strengthen the ability of state and local governments to provide housing, and
- Leverage private-sector participation.

HOME funds are allocated to states and local jurisdictions as one of four community development formula grant programs administered by the U.S. Department of Housing and Urban Development (HUD). Kent County's first year as a Participating Jurisdiction was program year 2005. Of the total annual allocation, up to 10% of the total allocation may be spent on general program administration. A minimum of 5% will be allocated toward CHDO operating support. The remaining amount requires a 25% local match. HOME funds must be programmed within two years and expended within five years.

#### **Proposed Uses of HOME funds**

Entities interested in accessing HOME Investment Partnership Funds through Kent County must submit a completed Kent County HOME Investment Partnership Application relevant to the current

application year. All applications will be reviewed and ranked based on KCCD's established criteria. Eligible projects will be ranked according to the evaluation by departmental staff with the final discretion of the Department Director. Notification of the grant making timeline will be announced annually in a publication of general circulation. Timelines may be altered based on funding availability and at the discretion of the Department Director.

Based on the statistical data analysis HOME funds will be utilized to improve the quality of decent, safe and sanitary housing. The funds will accordingly be used for production activities designed to address the lack of low and very low income housing in Kent County and the City of Wyoming. Activities will include rental rehab and construction, rehabilitation of for sale properties, both single family and multiple units.

Community Housing Development Organization (CHDO) Support - Per 24 CFR § 92.208, up to 5% can be set aside for operating funds for new or existing CHDOs. Kent County will set-aside 5% for CHDOs that would be certified by Kent County for official participation in Kent County's HOME Program. The certification process will determine CHDO eligibility for such assistance, following HOME Program regulations. Any HOME funds used for this purpose will not have the 25% local match requirement, and thus would reduce Kent County's required local match.

### **Program Match**

The HOME program requires a 25% non-federal cash or non-cash match for the majority of the grant amount. In Kent County's case, the match may be in the form of Low-Income Housing Tax Credits, state funded Medicaid services, volunteer labor and donated goods and services for HOME eligible projects located in our service area. As a rule, no County of Kent general fund dollars need be used to meet the match.

### **Program Administration**

The HOME program will be administered by the Community Development Department in conjunction with the Community Development Block Grant, Housing Choice Voucher and Shelter Plus Care programs. Home Ownership and Rental Unit development activities will be completed under contract with Community Housing Development Organizations and other not-for-profit organizations.

### **General Requirements**

The HOME Investment Partnerships Program (HOME) permits the use of funds to assist Kent County and housing developers to acquire property and rehabilitate/build homes for sale to income-eligible homebuyers, primarily households that meet the definition of a first-time homebuyer. HOME funds used to support the costs of acquisition and rehabilitation/construction in excess of the appraised value is known as the development subsidy.

Funds may also be used to assist homebuyers by reducing the sales price below the appraised value and/or by providing downpayment, mortgage principal write-down, and/or closing cost assistance. A homebuyer project may include both a development subsidy and homebuyer assistance, or homebuyer assistance only.

### **Principal Residence/Period of Affordability**

The HOME program requires that a property assisted under a homeownership program be used as the owner's principal residence for a designated time period known as the period of affordability. For rental units assisted with HOME funds, the program requires the assisted property to remain affordable for eligible low-income tenants for a designated period of time.

The period of affordability is based on the amount of HOME assistance that enabled the homebuyer to purchase the house, regardless of source (i.e. Kent County, MSHDA) or for the amount of the development subsidy in the case of rental units. The applicable periods of affordability per 24 CFR 92.254(a)(4) are as follows:

Amount of HOME Assistance	Minimum Period of Affordability
<\$15,000 per unit	5 Years
\$15,000 - \$40,000 per unit	10 Years
>\$40,000 per unit	15 Years

### **Resale or Recapture Provisions**

The HOME program requires that the assisted property be subject to resale restrictions or recapture provisions, as cited in 92.254(a)(5), for the period of affordability. Kent County may use recapture or resale depending upon the project. For most homeowner projects, Kent County will use the recapture option to secure the amount of HOME funds that remain in the project (e.g. homebuyer assistance) with a "soft" second mortgage and promissory note. The second mortgage is a deferred loan with no interest or payments due as long as the homebuyer does not default on the agreement. The amount of recapture is forgiven on a monthly pro-rated basis over the length of the affordability period.

If the ownership of the housing is conveyed pursuant to a foreclosure sale as provided in Section 92.254(a)(5)(i)(A) of the HOME Rule, the owner shall have a recapture obligation, in accordance with §92.254(a)(5)(ii)(A), based upon the amount of net proceeds (if any) from the foreclosure sale. The amount of the repayment obligation, as provided in the recapture agreement, shall be prorated based upon the time the homebuyer has owned and occupied the housing measured against the affordability period. If there are no net proceeds from the foreclosure, repayment is not required, and HOME requirements are considered to be satisfied.

For rental housing, the affordability period is secured by a Retention Agreement for Restriction of Use and Occupancy that is recorded as a restrictive covenant on the property. The Retention Agreement specifies that the owner of the rental property must follow the HOME affordability guidelines for the designated period of time and specifies the reporting requirements required by the HOME program.

### **Enforcement of HOME Final Rule**

In the event that the developer or owner does not comply with the affordability period for rental or homeownership units, or any other HOME regulations set forth in the developer agreement with the County, HUD provides for Corrective and Remedial Actions as set forth in 24 CFR § 92.551. Corrective or remedial actions for a performance deficiency (failure to meet a provision of HOME regulations) will be designed to prevent a continuation of the deficiency; mitigate to the extent possible, its adverse effects or consequences; and prevent its recurrence.

1. Kent County may instruct the Developer to submit and comply with proposals for action to correct, mitigate and prevent a performance deficiency, including:
  - i. Preparing and following a schedule of actions for carrying out the affected activities, consisting of schedules, timetables, and milestones necessary to implement the affected activities;
  - ii. Establishing and following a management plan that assigns responsibilities for carrying out the remedial actions;
  - iii. Canceling or revising activities likely to be affected by the performance deficiency, before expending HOME funds for the activities;
  - iv. Reprogramming HOME funds that have not yet been expended from affected activities to other eligible activities;
  - v. Reimbursing Kent County any amount not used in accordance with the requirements of this part;
  - vi. Suspending disbursement of HOME funds for affected activities; and
  - vii. Making matching contributions as draws are made from the Developer's HOME contract balance with the County.
2. Kent County may also change the method of payment from an advance to reimbursement basis; and take other remedies that may be legally available. Kent County does not generally advance HOME funds, therefore this option would not likely occur.

**HUD further provides guidance as a next step in enforcement of the HOME Final Rule, under 24 CFR § 92.552 Notice and Opportunity for Hearing; Sanctions as follows:**

- a. If Kent County finds after reasonable notice and opportunity for hearing that a Developer has failed to comply with any provision of this part and until Kent County is satisfied that there is no longer any such failure to comply:
  1. Kent County shall reduce the funds in the Developer's contract by the amount of any expenditures that were not in accordance with the requirements of this part; and
  2. Kent County may do one or more of the following:
    - i. Prevent reimbursements from the Developer's contract balance for activities affected by the failure to comply;
    - ii. Restrict the Developer's activities under this part to activities that conform to one or more model programs which HUD has developed in accordance with section 213 of the Act;
    - iii. Remove the Developer from participation in allocations or reallocations of funds made available under subpart B or J of this part;
    - iv. Require the Developer to make matching contributions in amounts required by § 92.218(a) as HOME funds are drawn from the Developer's contract balance with the County. Provided, however, that Kent County may on due notice suspend payments at any time after the issuance of a notice of opportunity for hearing pursuant to paragraph (b)(1) of this section, pending such hearing and a final decision, to the extent Kent County determines such action necessary to preclude the further expenditure of funds for activities affected by the failure to comply.
- b. Proceedings. When Kent County proposes to take action pursuant to this section, the respondent in the proceedings will be the Developer's or, at Kent County's option, the State recipient. Proceedings will be conducted in accordance with 24 CFR part 26, subpart B.



### **Housing Developers**

Housing developers who are undertaking acquisition and/or rehabilitation/construction activities under a homeownership program may be assisted with HOME funds for both a development subsidy and for homebuyer assistance. Developers must create and follow an Affirmative Fair Housing Marketing Plan pursuant to 24 CFR 92.351 to ensure that they are taking necessary steps to eliminate discriminatory practices involving HOME-financed housing. The total HOME assistance would be secured by a mortgage and promissory note prior to the housing developer's use of HOME funds for acquisition and/or rehabilitation/construction. Upon sale to a homebuyer, this mortgage and promissory note would be discharged, with the HOME funds distributed as follows:

- 1) development subsidy (forgiven by Kent County)
- 2) homebuyer assistance (covered under a new silent second mortgage and promissory note from the homebuyer to Kent County), and
- 3) repayment to Kent County's HOME Program.

The exact distribution of funds would be dictated by the terms of the Agreement between Kent County and the housing developer, although the homebuyer assistance would be a minimum of \$1,000.

The homebuyer assistance may be in the form of a reduced sale price, down-payment/closing cost assistance, or another eligible form of assistance, and would be described in the Agreement between Kent County and the housing developer. The homebuyer assistance would be secured by a silent second mortgage and promissory note from the homebuyer to Kent County for the applicable period of affordability. (See above.) The recapture provisions above would apply if the assisted homebuyer sells the home or otherwise does not continue to occupy the home as their principal place of residence during the applicable period of affordability. If the affordability provisions for rental housing are not upheld, the County may recapture all or a portion of the HOME funds which subsidized the development of that rental unit.

### **Kent County Programs**

Kent County may use HOME funds for the acquisition and/or rehabilitation/construction of properties for resale to homebuyers and for acquisition and rehabilitation of property for creation of affordable rental units. The provisions in "Principal Residence/Period of Affordability" and "Recapture Provisions" above apply to all Kent County programs and projects.

Therefore, if the assisted homebuyer sells the home during the applicable period of affordability, Kent County shall recover the HOME homebuyer assistance from the net proceeds of sale, as specified in 92.254(a)(5)(ii). The amount of funds to be recaptured is based on the following: First, the HOME amount covered under the mortgage and promissory note will be reduced pro-rata based on each complete month the homebuyer has owned and occupied the house, based on the following schedule:

Affordability Period	Pro-Rated Amount
5 Years	1/60 per month
10 Years	1/120 per month
15 Years	1/180 per month

Second, the downpayment, principal payments, and cost of capital improvements made by the homebuyer since purchase would be calculated. If the sum of these investments, plus the prorated amount due Kent County, exceeds the net proceeds of sale, the homebuyer would be allowed to recover his or her investment in the property first, with the remainder being paid back to Kent County. Such an amount would be considered payment in full. The homebuyer would be allowed to keep any net proceeds left after recovery of their investment and repayment of HOME assistance to Kent County.

In those cases where a homebuyer violates the terms and conditions of the second mortgage and/or promissory note, (e.g., sells the property on a Land Contract without the approval of Kent County or uses the property for rental purposes), Kent County reserves the right to require the full repayment of the pro-rated amount of HOME assistance. As specified above, all rental units funded with HOME funds through Kent County have their affordability retained through the use of a recorded Use and Occupancy Restriction specific to the rental unit property. Developers who do not complete the affordability period for rental units would be subject to corrective and remedial actions.

### **Homebuyer Assistance**

In each Annual Action Plan, the County will determine whether funds will be set-aside to provide homebuyer assistance for income-eligible households. Homebuyers must participate in homebuyer education and work with a homebuyer counselor to determine the amount of mortgage they can afford prior to receiving homebuyer assistance.

When funds are available, outreach for the Kent County Homebuyer Assistance Program will be conducted via letters and meetings and will be focused on residents of federally-subsidized public housing as well as families receiving HUD Housing Choice (Section 8) Voucher rental assistance. The Kent County and Rockford Housing Commissions will be the primary public housing authorities (PHAs) targeted for this outreach, but other PHAs that operate in Kent County will be considered and targeted as necessary (MSHDA, Grand Rapids, Wyoming, Greenville, and Montcalm County PHAs).

The Community Development Department conducts outreach on an annual basis to minority- and women-owned businesses to advertise contracting opportunities created by the HOME program activities in professional and construction-related trades. The outreach is conducted in a variety of newspapers whose target audience includes Hispanic and minority households in order to reach a broad demographic.

### **Clauses to be Included in Contracts** **Conflict of Interest**

The Contractor covenants that no conflict of interest exists and no person having any conflicting interest in this Contract shall be employed for the purpose of performing the services and activities set forth in the scope of services of this Contract or fulfilling the terms, conditions, obligations, covenants, agreements, or stipulations herein.

The Contractor shall establish safeguards to prohibit employees from using positions for purposes that are or give the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.

## II. Debarred or Ineligible Contractors

The subrecipient agrees to abide by the provisions of 24 CFR Part 24, which include (but are not limited to), the following:

HUD funds may not be used to directly or indirectly to employ, award contracts to, or otherwise engage the services of any contractor or subrecipient during any period of debarment, suspension, or placement of ineligibility status.

Subrecipients should check all contractors, subcontractors, and vendors against the Federal publication that lists debarred and ineligible contractors. The Excluded Parties List of debarred contractors can be found at <https://www.epls.gov>.

### Environmental Review Process

All projects submitted for approval will need to demonstrate all applicable NEPA regulations and State of Michigan Environmental Review standards have been followed. State Historic Preservation (SHPO) reviews are the responsibility of the Developer/Subrecipient or Owner.

### Community Development Block Grant Homeowner Rehabilitation Program

Kent County Community Development Department will administer the Homeowner Rehabilitation Program in accordance with the revised Homeowner Rehabilitation Guidelines as approved and adopted by the Kent County Board of Commissioners. Preferences for participation have been established for this program based community needs. Ranking of priority services are as follow factors: Immediate Safety Concerns, Immediate Health Concerns, Code Violations, Senior Household Members, ADA Household Members. Program procedures will be assessed annually by the Community Development Department to determine any necessary adjustments in program procedures.

31. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units.

After the past few years of downward economic trends, the housing market in Grand Rapids has an increased vacancy rate, not supportive of new single family housing construction. The availability of vacant and foreclosed properties will influence program preference for acquisition, redevelopment and resale as opposed to new construction. In terms of the rental market, the need for affordable units for households at and below 50% area median income has likely increased due to a slow-down in production of low-income housing tax credit units and other affordable housing development with tightened credit markets.

32. If the jurisdiction intends to use HOME funds for tenant-based rental assistance, specify local market conditions that led to the choice of that option.

The Jurisdiction does not intend to use HOME funds for tenant-based rental assistance because data from the housing needs analysis indicates a need for additional affordable units that are a long-term resource to the community.

## **Public Housing Strategy**

### **91.215 (c)**

33. Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list).
34. Describe the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing.
35. Describe the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.
36. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))
37. If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))

The Rockford Housing Commission is the only public housing authority in the Kent County CDBG jurisdiction. The Rockford Housing Commission has a small inventory of housing and Housing Choice Vouchers, with 52 housing units and 90 vouchers. Their strategy for improving the living environment for families in their programs is to continue to hold the highest possible Housing Quality Standards for the HCV program and to continue to educate landlords on the needs of quality housing.

The County's HOME jurisdiction beginning in program year 2012 includes the City of Wyoming. The Wyoming Housing Commission's has the following Public Housing Strategy:

At least 40 percent of the families admitted to the PHA's public housing program during a PHA fiscal year from the PHA waiting list must be *extremely low-income* families. This is called the "basic targeting requirement". If admissions of extremely low-income families to the PHA's housing choice voucher program during a PHA fiscal year exceed the 75 percent minimum targeting requirement for that program, such excess shall be credited against the PHA's public housing basic targeting requirement for the same fiscal year.

The fiscal year credit for housing choice voucher program admissions that exceed the minimum voucher program targeting requirement must not exceed the lower of:

- Ten percent of public housing waiting list admissions during the PHA fiscal year
- Ten percent of waiting list admission to the PHA's housing choice voucher program during the PHA fiscal year
- The number of qualifying low-income families who commence occupancy during the fiscal year of public housing units located in census tracts with a poverty rate of 30 percent or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

### **Housing Choice Voucher/Section 8 Strategy**

At least 75 percent of the families admitted to the WHC's program during a WHC fiscal year must be extremely low-income families. HUD may approve exceptions to this requirement if the WHC demonstrates that it has made all required efforts, but has been unable to attract an adequate number of qualified extremely low-income families.

Families continuously assisted under the 1937 Housing Act and families living in eligible low-income housing that are displaced as a result of prepayment of a mortgage or voluntary termination of a mortgage insurance contract are not subject to the 75 percent restriction.

## **HOMELESS**

### **Priority Homeless Needs**

38. Describe the jurisdiction's choice of priority needs and allocation priorities, based on reliable data meeting HUD standards and reflecting the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals.
39. Provide an analysis of how the needs of each category of residents (listed in question #38) provided the basis for determining the relative priority of each priority homeless need category.
40. Provide a brief narrative addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.  
A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.

The County of Kent CDBG jurisdiction does not administer any funds specifically to serve the homeless population, with the exception of the one-time Homeless Prevention and Rapid Rehousing grant received through the 2009 American Recovery and Reinvestment Act. The County provides a grant of \$10,000 of its CDBG administration funds to the Coalition for operating costs each year. To the extent that specific homeless needs of Kent County residents in the CDBG jurisdiction are determined, the County may opt to utilize HOME funds for development of

affordable housing serving homeless persons. The County does not plan to use HOME funds for tenant based rental assistance because data in the housing needs analysis indicates the development of long-term affordable housing remains a priority.

The County sees a need for a better assessment of the extent of homeless needs outside the city limits of Grand Rapids and Wyoming which is not currently available due to the existing data collection challenges of the Continuum of Care. Better data will help the county determine existing gaps in services and housing. The County will continue to participate in the Continuum of Care process and will work with the Coalition to fine-tune the applicability of their goals and strategies to areas outside of Grand Rapids and Wyoming. The County recognizes that the fundamental goals and strategies of the Coalition apply to all geographic areas. An overview of the Coalition's structure and goals is provided later in the Five Year Plan.

Gaps in services which have been identified by the Coalition include a need for:

- Fully integrated and coordinated centralized intake for all housing crisis services across the community- including areas outside of the City of Grand Rapids.
- Expansion of the community-based case management model (Housing Resource Specialists) that provides supportive services to households throughout the spectrum of services
- Integration of Coalition System Indicators that track impact on HUD and community-defined performance measures
- Full incorporation of the housing first approach across services
- Additional resources secured or realigned to support the emerging system and affordable housing needs
- Increase of additional permanent supportive housing units, with emphasis on the chronically homeless

The coalition allows community input into priority needs funding through the funding allocation process, done through a Funding Review Panel. The Panel reviews and analyzes applications and makes funding recommendations to the Steering Committee. The Panel members include representatives from City and County government, County Department of Human Services, community mental health, community foundation, the Essential Needs Task Force, and the local United Way.

Through the HUD Supportive Housing Program (SHP) and the Emergency Shelter/Solutions Grant (ESG), the priorities of analyzing, ranking and recommending programs for funding are based on their consistency with the goals of the Vision to End Homelessness. On a broad level, this includes strong performance outcomes, consistency with the Vision and engagement in the Coalition/CoC, and priority is given to homeless prevention and permanent housing (obtaining and maintaining).

Analysis is conducted using a comprehensive local application form that assesses data and outcomes, compares performance across program type, degree and consistency of data entry in HMIS, utilization of the housing first approach, and the quality improvement mechanisms utilized by agencies.

The Coalition/CoC has realigned funds that previously went to support emergency shelters to homeless prevention, rent assistance and community-based supportive services based on the shift in priority away from homelessness to one that supports additional affordable units. The impact of the shift from emergency shelter funding will be monitored to determine whether the need for

emergency shelter is being met. Gaps in services to homeless persons in out-county Kent County are being determined as data collection methods improve.

## **Homeless Strategy 91.215 (d)**

### Homelessness

41. Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living.

### **Housing Continuum of Care**

Kent County is a participant in the Grand Rapids Area Coalition to End Homelessness (the Coalition) which is the Continuum of Care body for the greater Grand Rapids, Kent County area. The Coalition is also the entity responsible for implementing the Vision to End Homelessness, the community's 10-Year Plan to End Homelessness. The 10-Year Plan is the guiding strategy for the use of Emergency Shelter Grants (ESG) funds (administered by the City of Grand Rapids) to support homeless services and prevention. Annual Action Plan funds supporting these activities are provided through the federal ESG program and specifically serve homeless population.

The Continuum of Care is HUD's model to encourage a collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, transitional, and permanent housing and other service resources to address the various needs of homeless persons. The CoC inventories existing services and updates a gap analysis of unmet needs of the homeless annually. The CoC also recommends goals and activities to address the continuum of housing needs for homeless prevention, emergency shelter, transitional housing, permanent supportive housing, and permanent affordable housing.

**Guiding Principles.** The Grand Rapids Area Coalition to End Homelessness is a community collaborative that is actively working on systems change in the area of homelessness and affordable housing. The goal of the Coalition is to prevent and end systemic homelessness in the greater Grand Rapids/Kent County area. The guiding principles listed below represent values and beliefs shared by the agencies who participate in the Continuum of Care process. These principles are foundational as the Coalition and its partners actively implement the community's 10-Year Plan to End Homelessness.

- A. **Housing is the Response to Homelessness:** Our community utilizes a housing first approach, and has grounded its operations on the principle that every person in our community deserves access to quality, affordable, permanent housing. Therefore, the work of the homeless service providers is focused on assisting consumers to obtain and maintain permanent housing, with a focus on overcoming barriers or housing challenges that exist for the household.

- B. **Systems:** The work of the Coalition is about systems. The systems are made up of individual agencies, people and representatives, and the agencies involved, collectively accomplish the work. The strength of the Coalition's efforts rest with the partners and supporters of the ten year plan and the Coalition.
- C. **Focus on Consumers:** Providers in our community use the strengths-based model which assumes that the consumer comes to any situation with a variety of strengths and resources – some known, some unknown. This approach is used across the system and with all consumers to ensure the primary focus of programming remains on the end user. This approach has been shown to yield strong results related to housing stability when fully implemented across an organization.
- D. **Coordinated Services:** Agencies, services, and resources are coordinated with each other, and accessible to consumers, with as few barriers as possible.
- E. **Centralized Intake & Referral Model:** Our community's service delivery system includes a centralized intake, assessment and referral model. This coordinated single point of entry is critical to the process of how consumers consistently access and receive assistance when they experience a housing crisis. In order for the model to work effectively, service providers in particular need to regularly engage with central intake to:
- share information on services and resources that are available for consumers
  - coordinate with, and receive referrals from, the central intake in order to effectively serve the consumer
  - provide feedback information about the consumer to demonstrate if they were provided with services and/or resources, and the outcome of the service or information
  - ensure consistent knowledge and understanding about how the system operates and their agency's role in it
- F. **Options for Obtaining Supportive Services:** Our community offers a variety of supportive services for consumers, including program/site-based, as well as housing/ community-based services. All staff are trained and utilize the strengths based approach in their interactions with consumers.
- G. **Data, Evaluation & Quality Improvement Emphasis:** Providers all agree to entering complete, accurate and up to date data into the HMIS (or other system for DV providers) in order to track the outcomes of services, the implementation of the Vision, and the overall community impact of our efforts. There is a commitment to engaging in processes that assist agencies in continually improving the quality of programming for the people served.

**Components.** The fundamental components in the Continuum of Care System include:

**Prevention.** The prevention component includes financial assistance for rental arrearages, mortgage arrearages and short-term rental assistance to prevent a household from falling into homelessness. Prevention also includes integrating non-financial resources, such as landlord/tenant counseling and mediation services. Offering case management services to at-risk households while they are still in housing is another prevention tactic, allowing the household to maintain in housing while working on making it more sustainable.



**Outreach/Assessment.** This component includes outreach to homeless persons residing on the streets through the missions, Shelter Plus Care and the StreetReach program. Outreach services are also provided to homeless youth through run-away program and programs for pregnant and parenting teens.

**Assessment/Intake.** The Salvation Army Housing Assessment Program (HAP) is the community's central intake and assessment component for all persons who are homeless or at-risk of homelessness. Households are assessed and then connected to available resources in the community that best fit their particular needs.

**Emergency Shelter.** Most of the general population in our community has historically been able to secure emergency shelter through 10 local public and privately funded emergency facilities. On any given night, there were 334 emergency shelter beds available in the CoC. Two missions serve the majority of the single male population. Four facilitates serve families. Youth, women leaving domestic violence and chronic substance abusers benefit from having programs that provide emergency shelter and supportive services for the needs of that specific population. When emergency shelters are full, placements are made to local motels, if necessary.

It should be noted that in 2009, the CoC made significant system changes in an effort to move the community away from a model which manages homelessness to one that ends it at a systemic level. The goal of the CoC is to focus on prevention of homelessness whenever possible and if a housing crisis does occur, to rapidly re-house persons as soon as possible using a housing first approach. In this vein, resources were realigned and a total of 54 emergency shelter beds were taken off-line as of January 2010, from 3 separate facilities. However, these beds are still reflected in the bed counts above because they were not taken offline until after the January 2009 PIT counts. Therefore, currently, there are actually 280 emergency shelter beds on any given night.

**Transitional Housing.** There are eight providers of transitional housing in the CoC. On any given night there are 562 beds available. Transitional housing is an important component of the service delivery system for those individuals who need intense case management services or longer term care.

It should also be noted for this program, that as of January 2010, our community also made changes related to the Transitional Housing beds categorized in our Point In Time count. The number of total TH beds is actually 396, not 562. The 166 beds that were historically categorized as Transitional Housing beds actually were (and still are) residential substance abuse treatment programs run by the two missions in the community. Many of the participants in those residential programs came from the missions, and were homeless, but the programs were not directly targeted to persons who were homeless exclusively, nor was homeless status a requirement of being in the program. However, because many of the persons who were in the programs also were homeless, that was the justification for including them in the PIT counts originally. The CoC considered this more carefully and felt that it was not an appropriate representative of TH program and therefore should no longer be captured in our Point In Time counts. These programs are still operating as residential substance abuse treatment programs, but they are not included in the counts.

Additionally, two of our community's Transitional Housing providers have adjusted their program to Transitional Assistance model. These programs are still operating as TH, but

have a focus on providing services over a shorter time frame, and are targeted for persons with multiple barriers to housing. The model has been used initially with scattered-site units and intensive supportive services, but is also being incorporated with congregate site TH programs as well.

**Permanent Housing.** As discussed in the needs section previously, affordable permanent housing continues to be in tremendous demand.

CoC staff participates in the Permanent Housing Coordinating Council, a local body made up of non-profit and for-profit affordable housing developers and State, County and City representatives as well as housing-related non-profit organizations that share relevant information related to the development of permanent and affordable housing as well as coordinate and plan projects, resources and services across agencies.

**Permanent Supportive Housing.** There are five organizations operating permanent supportive housing in the CoC. On any given night there are 620 beds available. Research demonstrates that PSH is a proven solution to ending homelessness for those who are chronically homeless or who have multiple challenges to obtaining and maintaining permanent housing. An additional 11 PSH units were awarded to Community Rebuilders, a local non-profit housing organization from the 2009 HUD SHP Bonus Project. These 11 units will be targeted to persons who are chronically homeless. Additionally, the CoC is in the process of developing the support services plan for a PSH development that will provide a minimum of 40 new PSH units in the Grand Rapids community and will soon be selecting a developer and a site. Additional PSH units will continue to be developed over the coming years.

**Supportive Services.** The CoC has instituted a case management model that incorporates the strengths-based approach when providing support services to persons who are homeless or experiencing a housing crisis. The strengths-based approach to case management believes clients are most successful when they identify their own strengths, abilities and assets and will be most successful in obtaining the goals they identify by themselves. This approach is based on the belief that individuals are motivated when they focus on their abilities, interests and past accomplishments rather than their deficits. Identifying strengths with service recipients offer the service provider with an already available means of finding solutions with the recipient. Strengths provide blocks upon which to build intervention plans and provide something positive to use to help empower service recipients. Additionally, emphasizing strengths builds confidence and conveys respect to services recipients.

## **Vision to End Homelessness**

**Plan Development.** In December 2003, the Grand Rapids Area Housing Continuum of Care (HCOC) sponsored a Vision to End Homelessness Summit, where more than 125 people representing homeless shelter and service providers made a commitment to end homelessness in Kent County. By early 2005, project teams and focus groups were meeting to assess how specific circumstances and systems impact the ability to obtain and maintain permanent housing. A client survey was also undertaken and four community forums were conducted in late 2005. In all, more than 700 community members participated in the planning process. See [www.roofstoroots.org](http://www.roofstoroots.org) to view the plan in its entirety.

42. Describe the jurisdiction's strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.

The County of Kent relies upon the Continuum of Care/Coalition to assist households in its CDBG jurisdiction. Currently, the North Kent Service Center also provides prevention services to extremely low- and low-income individuals and families at imminent risk of becoming homeless yet they are not part of the Coalition nor do they receive CDBG funds by which to provide these services. One strategy of the County will be to explore how to support the North Kent Service Center's efforts in serving the northern part of Kent County as they report turning away at least 15 requests for housing assistance per month.

As the Coalition works to incorporate additional outreach to areas beyond the City of Grand Rapids and Wyoming the County will seek ways to support these efforts to prevent homelessness, which may include facilitation of partnerships, support for federal grant applications and communication with local units of government. The County does not anticipate the availability of additional funding to address these challenges.

**Services in Place for prevention only – this does not include rapid re-housing resources:**

- A. *One-time rent assistance:*
1. Emergency Food & Shelter Board (EFSB) allocation process facilitated by Heart of West Michigan United Way. Service providers include:
    - a. Area Community Service Employment & Training Council (ACSET)
    - b. Arbor Circle
    - c. Grand Rapids Urban League
    - d. North Kent Service Center
    - e. Proaction Behavioral Health
    - f. Senior Neighbors
  2. HUD Emergency Shelter Grant (ESG) allocation process facilitated by the City of Grand Rapids and the Grand Rapids Area Coalition to End Homelessness. Service provider is:
    - a. Grand Rapids Urban League
  3. Unmet Needs allocation process facilitated by the Kent County Department of Human Services. Service providers include:
    - a. Grand Rapids Urban League
    - b. North Kent Service Center
  4. State Emergency Services allocation process facilitated by the Kent County Department of Human Services. Service providers include:
    - a. The Salvation Army Booth Family Services
    - b. Grand Rapids Urban League
  5. PATH allocation process facilitated by Network 180 (Community Mental Health). Service provider is:
    - a. The Salvation Army Booth Family Services
  6. Investment Council allocation process facilitated by Heart of West Michigan United Way. Service provider is
    - a. Grand Rapids Urban League

**Services planned for prevention:**

The Coalition to End Homelessness and its partner agencies eagerly anticipate the reauthorization of HUD's McKinney-Vento homeless programs, particularly the changes associated with the Emergency Solutions Grant program due to the increased investment in prevention activities as well as the expansion of prevention activities that will be allowable. The CoC will strive to achieve the "high-performing" community status through so as to have greater flexibility with the HUD SHP resources.

**How persons access/receive prevention assistance:**

Persons seeking assistance for most homeless prevention resources access those resources by contacting the Housing Assessment Program, the centralized intake and assessment component of our CoC system housed within The Salvation Army Booth Family Services. Assessment staff are informed of the resources that are available by the various service provider agencies and then refer households appropriately if the resources are available and if the household meets the general eligibility criteria. The CoC requires all ESG-funded agencies (both MSHDA and City of Grand Rapids allocations) to receive their referrals from HAP. Some of the one-time assistance providers take their own direct referrals, however the CoC is working with them to better coordinate the one-time assistance resources in the community.

**Outreach in place:**

Current outreach activities take place in the Grand Rapids urban area. As the nature of homelessness in the out-county area is better understood, the Coalition has expressed a willingness to look at ways to outreach homeless beyond the city borders.

**Services in place:**

The Heart of West Michigan United Way operates the community's 2-1-1 information and referral hotline for the Grand Rapids area. The hotline is free and available to all Kent County residents. 2-1-1 provides a central resource for local community services and information. Persons seeking case management, life skills, alcohol and drug abuse treatment, mental health treatment, AIDS-related treatment, education, employment assistance, child care, transportation and any other related services will get referred to those by calling the 2-1-1 hotline.

**How homeless persons access/receive supportive service assistance:**

Person who are homeless and connected to a Housing Resource Specialist complete an assessment at in-take inquiring about what supportive services they are in need of in order to assist in obtaining and maintaining permanent housing. The Housing Resource Specialist then provides the household with the information regarding those services that are available within the community. The Housing Resources Specialists specifically focus on issues related to housing stability and refer households to the community-based services for other non-housing related needs.

**Chronic Homelessness**

43. Describe the jurisdiction's strategy for eliminating chronic homelessness. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented in Exhibit

1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness.

As a participant in the Continuum of Care, the County is supportive of the overall strategies proposed by the Continuum as they apply to the needs determined in the County CDBG jurisdiction. The County recognizes that not all of the Coalition's strategies will apply to local units in the County jurisdiction. The following strategies and actions have been proposed by the CoC as steps to eliminate chronic homelessness and assist homeless persons make the transition to permanent housing. As resources and projects are developed in the County's CDBG service-area, these activities will be included in the County annual action plan as appropriate.

1. Fully implement a Housing First model for families and individuals.
  2. Identify Housing First models for individuals who are chronically homeless.
  3. Move from a shelter-based system to a system focused on rapid (permanent) re-housing.
  4. Expedite access to mainstream resources.
44. Describe the efforts to increase coordination between housing providers, health, and service agencies in addressing the needs of persons that are chronically homeless.(91.215(l))

The County supports the Coalition's implementation strategies for improving coordination, education, guidelines, and outcomes including:

- Convening the community leadership needed to advocate for the implementation of various new funding mechanisms.
- Developing and implementing a comprehensive education program for the community (e.g. churches, landlords, etc.) about the needs of chronically homeless people including the following:
  - The number of people affected locally.
  - Characteristics of and challenges experienced by chronically homeless people.
  - The impact of chronic homelessness on broader systems such as health care, justice, social service, etc.
  - The "lack of fit" between the characteristics of the chronically homeless population and existing housing options.
  - The impact of racism.
- Developing community education and information/ media campaigns, etc. to inform tenants what to do immediately when they encounter difficulties paying rent.
- Expanding education at the high school level to include the basics of housing (buying a home or renting) and the rights and obligations of tenants, landlords and homeowners.
- Providing education to all case managers regarding housing services.
- Engaging the faith community in ending homelessness.
- Engaging regional planning bodies in addressing housing issues.

### Homelessness Prevention

45. Describe the jurisdiction's strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.

The County supports the following strategies proposed by the CoC to prevent homelessness for those at imminent risk of becoming homeless.

1. Develop a housing search and placement service that utilizes centralized and coordinated assessments in conjunction with HAP and HMIS.
2. Advance landlord/tenant strategies to maintain housing.
3. Require effective discharge policies from jails/prisons. Hospitals, foster care, and mental health facilities/
4. Connect specific populations with mainstream programs.

### Institutional Structure

46. Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.

The Continuum of Care (CoC) planning model was developed by HUD to encourage a focused and structured approach for community collaborations, specifically for identifying existing resources and needs, and for examining service gaps and funding priorities related to homelessness and housing services.

#### **Lead Entity.**

The Grand Rapids Area Coalition to End Homelessness is a collaborative, planning body of more than 200 partners that serves as the area's lead entity for Continuum of Care activities. The Coalition also operates as the Housing Subcommittee of the Kent County Essential Needs Task Force, a larger collaborative body housed within the County structure, and focused on addressing essential needs across our community in the areas of housing, food, utilities, transportation and economic/workforce development.

The Coalition Steering Committee provides guidance on overall policy issues, approves funding recommendations, sets the direction of the work across the system, and ensures movement forward on implementation of the Vision strategies.

The Coalition Coordinator and staff provide support and follow through on the work of the Steering and other Subcommittees, assists with facilitating committees and action teams, provides support for the funding review and allocation process, coordinates the work and objectives of the committees, provides training and capacity building opportunities for the partners involved, and facilitates local planning activities.

The Coalition general membership includes more than 200 persons that are stakeholders in the systems change process. The Core Partner group of the Coalition is comprised of 75 core agencies that deliver homeless services or are closely linked with the homeless and housing crisis system. These include nonprofit, government, private, and public organizations as well as homeless or formerly homeless individuals and housing providers across the continuum of need.

#### **Subcommittees**

The Coalition currently facilitates a number of Committees and Action Teams, including the Community Advisory Team, Steering Committee, Communications Advisory, Funding Review Panel, Governance/Finance, Safety Net, System Barriers, Hospitals to Home, HMIS Advisory, HMIS User

Group, Data/Evaluation/Reports Committee, Housing Policy, and the Supportive Services for Permanent Supportive Housing.

These groups provide partners with an opportunity to work directly on high priority issues and develop a plan of action to address service gaps or develop alternative strategies to improve system coordination and outcomes.

### Discharge Coordination Policy

47. Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include “policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.” The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.

Strides have been made in a variety of systems to ensure that persons leaving publicly-funded institutions are not discharged immediately into homelessness. Various discharge plans exist between the CoC and the foster care, health care, mental health and corrections systems.

**Foster Care** – The Michigan Department of Human Services has established and implemented formal protocols throughout its system to help prevent youth aging out of foster care from being discharged into homelessness. The Youth in Transition Program prepares eligible foster-care teens for living independently by providing educational support, job training, independent living skills, self-esteem counseling, and other supports to equip teens with educational, vocational and psychological skills to function as independent, self-sufficient adults. Case planning for transition actually begins with all youth in foster care (aged 14-21) several years prior to their discharge. A treatment plan and services agreement including attention to locating suitable living arrangements and assistance in moving into housing must be completed for each individual prior to systems discharge.

Regular meetings are mandatory and will be scheduled with youth, their family and support team, and case management leading up to the end of their foster care case to provide resources, vital documents and a plan for on-going support

**Health Care** – There is no publicly funded statewide health care delivery system so discharge for persons leaving primary care must be addressed in each community. There is not a public hospital within the Grand Rapids area. The Michigan Primary Care Association (MPCA) works actively with Federally Qualified Health Centers (FQHCs) and Health Care for Homeless Veterans to assure that housing issues are addressed as a function of discharge in communities where those Centers and/or programs are located. MPCA and FQHCs work with consumers to ensure a smooth transition to the next necessary medical and/or supportive service in the community, including housing when needed. FQHCs have adopted protocols that assure housing placement and links to other resources prior to discharge.

The CoC has also convened meetings with the area hospitals and local agencies working with homeless persons who also have medical concerns to establish formal protocol between our community's central intake and patients being discharged. The CoC has developed strong connections with key staff from each of the three area hospitals who are responsible for discharge plans. This workgroup is in the process of completing a needs assessment to evaluate whether or not a recuperation center would fill a gap for persons in the community who have medical concerns and who lack permanent housing arrangements.

**Mental Health** – State policies ensure that patients are not discharged into homelessness including HUD McKinney-Vento funded programs. Section 330.1209b of the State Mental Health Code requires that the community mental health services program shall produce in writing a plan for the community placement and aftercare services that is sufficient to meet the needs of the individual. In addition, the Administrative Code says that the written plan must at a minimum identify strategies for assuring that recipients have access to needed and available supports identified through a review of their needs. Housing, food, clothing, physical health care, employment, education, legal services, and transportation are all included in the list of needs that must be appropriately addressed as a function of mental health discharge planning.

The local community mental health organization (network180) is an active partner in the CoC and has established an internal Housing Committee to address the needs and gaps in services for persons that exit mental health facilities in Kent County. Network180 is in the process of engaging with the CoC to establish county-level procedures and protocol related to discharge planning.

**Corrections** – The Michigan Department of Corrections (MDOC) identifies stable housing as a critical need for the successful re-entry of released prisoners. As such, safe affordable housing is one of the elements identified for funding within the Department's system-wide initiative to redesign the policies and protocols for preparing and supporting released prisoners for re-entry into the community (Michigan Prisoner Re-Entry Initiative, or MPRI). The local MPRI team works to identify assets, barriers and gaps related to issues facing released prisoners and then develop a Comprehensive Prisoner Re-Entry Plan. Some supplemental funding for housing is provided during the re-entry back into the community. This could include rent subsidies, security deposits or limited term transitional placements.

Within the CoC, there is also the Kent County Correctional Facility. Staff from the Correctional Facility have been actively working with representatives from the community's central intake and established a protocol for persons who are soon to be released from jail and that do not have access to permanent housing. A questionnaire has been developed between the central intake and jail staff that will be administered to persons who will be released from jail within one week and who were also homeless prior to their entry into jail. The questionnaire will be faxed to staff at central intake so that when the client comes in for their housing assessment the staff is already familiar with their information and situation. This protocol was also established with representatives from the Kent County Probation office so that the probation officer assigned to the person exiting jail will also be in the loop about their housing-related situation. Additionally, CoC staff participates in the Kent County Reentry Coordinating Council to assist with developing discharge protocols and procedures. The jail is also implementing Transitions from Jail to Community (TJC) program, which includes incorporating housing-related questions in the screening and assessment tool to assist re-entry staff with housing-related issues for persons exiting jail.



## Specific Objectives/Homeless (91.215)

48. Identify specific objectives that the jurisdiction intends to initiate and/or complete in accordance with the tables\* prescribed by HUD, and how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan. For each specific objective, identify proposed accomplishments and outcomes the jurisdiction hopes to achieve in quantitative terms over a specified time period (one, two, three or more years) or in other measurable terms as defined by the jurisdiction.

*Complete and submit Table 1C Summary of Specific Objectives or, if using the CPMP Tool, the Summaries.xls worksheets.*

**Table 1C Summary of Specific Objectives**

Jurisdiction - Kent County

Obj #	Specific Objectives	Sources of Funds	Performance Indicators	Expected Number	Actual Number	Outcome/Objective*
	<b>Homeless Objectives</b>					
	HMIS: Facilitate system-wide Homeless Management Information System (HMIS) for the community, including ensuring data quality, providing training and supports, and linking data to other data sets/research	CoC Operations Budget	Increase the HMIS data coverage across the homeless system; all providers and programs entering data on all of HUD's Universal Data Elements	100% coverage from 14 agencies/ 33 programs		100% coverage from 14 agencies/33 programs

## NON-HOMELESS SPECIAL NEEDS

\*Refer to Table 1B Non-Homeless Special Needs or the CPMP Tool's Needs.xls workbook

### Priority Non-Homeless Needs 91.215 (e)

49. Identify the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.

The non-homeless special needs population is comprised of low- and moderate-income persons with one or more disabilities. Each of the following classifications is related primarily to a health care issue, and only secondarily concerns housing issues. While some individuals within these

groups have the ability to live independently, this discussion addresses those that require some level of supportive supervision or care. In Kent County, supportive services for these groups are provided or coordinated by Kent County and the State of Michigan, specifically the Health Department, Network180 (formerly the Community Mental Health and Substance Abuse Network of West Michigan), and the Family Independence Agency.

For the purposes of this plan, estimates of the number of persons with special needs has been obtained from 2010 Comprehensive Housing Affordability Strategy (CHAS) data. In some instances, estimating techniques were used and service providers were consulted in order to provide current and accurate data.

**Elderly:** Please refer to discussions of the elderly population in the Priority Housing Needs section (91.215 (b)).

**Frail Elderly:** The distinction between “elderly” and “frail elderly” lies in the functional status of the individual. For purposes of this plan, “frail elderly” are persons 62 years of age or older who have a mobility and/or self-care limitation. A mobility or self-care limitation is: 1) a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying, and/or 2) a physical, mental, or emotional condition lasting more than six months that creates difficulty with dressing, bathing, or mobility in the home. According to the 2010 CHAS Databook, approximately 9,250 very low-, low- and moderate-income households include at least one frail elderly member; a sharp increase from the same population in 2000.

In 2004, the Community Research Institute (CRI) at Grand Valley State University conducted a Kent County AdvantAge Initiative survey of 500 Kent County residents, age 65 and over. The survey focused on basic needs for housing and security, maintenance of physical and mental health, independence for the frail, disabled, and homebound, and opportunities for social and civic engagement.

Among the questions asked of respondents was whether they needed assistance with "activities of daily living" (e.g. taking a bath or shower, eating, dressing, etc.) or "instrumental activities of daily living" (e.g. doing light housework, going outside the home, taking medications, etc.). Initial findings of this report include the following:

- One in four seniors reported needed assistance with activities of daily living (ADL) or instrumental activities of daily living (IADL).
- Two-thirds of those who need assistance with ADL reported one or more unmet needs.
- More than half of those who need assistance with IADL reported one or more unmet needs.
- Eight percent of the survey respondents noted a need for a health professional or counselor to treat depression or anxiety in the past year. More than a third of those who felt they needed assistance reported they had not obtained help for this condition.
- More than 25% of older adults in Kent County reported that they do not know whom to call for information about services.

**Persons with Disabilities:** The U.S. Census Bureau defines a person with a disability as having a long-lasting physical/ mental, or emotional condition. This condition can make it difficult for a person to perform tasks such as walking, climbing stairs, dressing, bathing, learning, or remembering. The condition may also impede an individual's ability to go outside the home alone or to maintain employment.

**Persons with Physical Disabilities:** For the purposes of this Plan, a person with physical disabilities is one who has been determined to have a physical impairment that: 1) is expected to be of long-continued and indefinite duration, 2) substantially impedes his or her ability to live independently, and 3) is of such a nature that such ability could be improved by more suitable housing conditions. The U.S. Census definition of disability corresponds closely with HUD's definition; however the U.S. Census figures include emotional and other nonphysical impairments, includes people who may already be receiving supportive services, and relies on self-reported disability.

According to 2010 CHAS Data received from HUD, there are approximately 6,940 households with at least one person self-reporting a disability in the Kent County CDBG area, 3,915 of which have one of the HUD defined housing problems.

**Persons with Developmental Disabilities:** For the purposes of this plan, a person with development disabilities is one who has been determined to have a development impairment that: 1) is expected to be of long-continued and indefinite duration, 2) results in substantial functional limitations in three or more major life activities. These life activities include self-care, receptive and expressive language, learning, mobility, self-direction, economic self-sufficiency, and capacity for independent living. Typically, this is an impairment that has manifested prior to age 22 and reflects the need for lifelong services. Common types of developmental disability include mental retardation, cerebral palsy, down syndrome, and autism. In 2009, Network180 served 949 individuals with developmental disabilities that may or may not require supportive services.

**Persons with Severe Mental Illness:** For the purposes of this plan, a person with severe mental illness is one who has been determined to have a mental impairment that: 1) is expected to be of long-continued and indefinite duration, 2) substantially impedes his or her ability to live independently, and 3) is of such a nature that such ability could be improved by more suitable housing conditions. Typically, these are persons with a chronic psychosis (e.g. schizophrenia) or affective disorder (e.g. bipolar disorder or major depression). In 2009, Network180 served approximately 4,112 individuals with severe mental illness who may or may not require supportive housing.

**Persons with Alcohol/Other Drug Addiction:** Alcohol and other drug abuse is defined as the excessive and impairing use of alcohol or other drugs, including addiction. This special needs population is defined as those low-income adult individuals who are recovering from alcohol or other drug abuse dependency, based on the Drug and Alcohol Services Information System (DASIS), which is compiled by the Substance Abuse and Mental Health Services Administration. According to the DASIS, an average of 9.6% of the population aged 12 or older had a dependency on or abused illicit drugs or alcohol annually averaged for 2006, 2007, and 2008. In 2009, Network180 served approximately 1,270 individuals with alcohol or drug addiction who may or may not require supportive housing.

50. Describe the basis for assigning the priority given to each category of priority needs.

Priorities were assessed based on statistical analysis of quantitative data obtained from HUD or local service providers coupled with institutional and qualitative information from the community. Table 2A, in the Priority Housing Needs section, assigns priorities to the non-homeless special needs populations. High priority groups include Elderly, Frail Elderly, and persons with Severe Mental Illness. According to 2010 CHAS Data, there are 8,100 Elderly and Frail Elderly Households

experiencing one of the HUD defined housing problems. This represents more than 5% of the total number of households in the county. With the baby boomer generation reaching retirement age and improved health care, the elderly population is projected to increase significantly over the next five to ten years which will strain housing services targeting the Elderly and Frail Elderly populations. Persons with a Severe Mental Illness were given a high priority due to the high number of cases processed by Network180 in 2009.

Those with a Physical Disability, Developmental Disability, or Alcohol/Other Drug Addition are given a medium priority level. These groups represent fewer households/individuals than others, but are still in need of supportive housing catering to their particular needs.

#### 51. Identify any obstacles to meeting underserved needs.

Obstacles to meeting the underserved needs of non-homeless special needs populations includes lack of coordination among service providers, unnecessary overlap of services, declining service funding, and overburdened service capacity. Another obstacle is the lack of advertising of services on the part of service providers. Often times, those with the most need do not know where to turn for assistance.

#### 52. To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.

The following is a summary of facilities and services that support non-homeless special needs in the Kent County community.

##### Frail Elderly:

- Area Agency on Aging of Western Michigan
- Senior Meals on Wheel Program, Inc.
- Gerontology Network
- Senior Neighbors, Inc.
- HHs, Health Options

##### Persons with Physical Disabilities

- Disability Advocates of Kent County
- Hope Network West Michigan
- Goodwill Industries of Greater Grand Rapids, Inc.
- MOKA

##### Persons with Development Disabilities

- Genesis Non-Profit Housing Corporation
- Lutheran Social Services
- Goodwill Industries of Greater Grand Rapids, Inc.
- MOKA
- Spectrum Community Services
- Hope Network West Michigan
- Thresholds
- Network180

#### Persons with Severe Mental Illness

- Network 180
- The Arbor Circle Corporation
- Hope Network Behavioral Health Services
- Bethany Christian Services
- Life Guidance Services
- Family Outreach Center
- Native American Community Services
- Forest view Hospital
- Genesis Non-Profit Housing Corporation
- Pine Rest Christian Mental Health Services
- Gerontology Network
- St. Mary's Mercy Medical Center
- Goodwill Industries of Greater Grand Rapids, Inc.
- Touchstone Innovare
- Unlimited Alternatives
- HHS, Health Options
- Wedgwood Christian Services
- YWCA

#### Persons with Substance Abuse Issues

- The Arbor Circle Corporation
- Network180
- Life Guidance Services
- Bethany Christian Services
- Native American Community Services
- Family Outreach Center
- Our Hope
- Gerontology Network
- Pathfinder Resources

#### Persons with AIDS and Related Diseases

- Network180
- St. Mary's Mercy Medical Center/McAuley Clinic
- Grand Rapids Area Center for Ecumenism (GRACE)

53. If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.

### **Specific Special Needs Objectives**

### **91.215 (e)**

54. Identify each specific objective developed to address a priority need by number and contain proposed accomplishments and outcomes the jurisdiction expects to achieve in quantitative terms through related activities over a specified time period (i.e. one, two, three or more years), or in other measurable terms as identified and defined by the jurisdiction.

The County of Kent does not have any special needs objectives included in the five year plan. These will be identified in the annual action plan as applicable. See table 2A for priority needs of Special Needs (Non-Homeless) Populations.

55. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

## COMMUNITY DEVELOPMENT

### **Priority Community Development Needs 91.215 (f)**

\*Refers to Table 2B or to the Community Development Table in the Needs.xls workbook

56. Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table\* – i.e., public facilities, public improvements, public services and economic development.

57. Describe the basis for assigning the priority given to each category of priority needs provided on Table 2B or the Community Development Table in the CPMP Tool's Needs.xls worksheet.

Non-housing community development activities are targeted to the thirty-three (33) participating local jurisdictions within Kent County and located within geographic areas which benefit low- and moderate-income households. Because of the enormous geographic size of this type of program at the county level, Kent County has adopted the program philosophy of allowing the local jurisdictions to program funds for eligible projects, services, and locations within detailed administrative guidelines.

This countywide programmatic approach is implemented within the HUD CDBG objective of the development of viable urban communities, by providing decent housing and a suitable living environment, and expanding economic opportunities, principally for persons of low and moderate income". Additionally, the local program choices must fall within three operational objectives of benefiting low- and moderate-income persons, addressing slums and blight, and/or meeting a particularly urgent community development need.

After meeting the program objectives, the local units of government generally propose projects which fall within the categories of:

1. Public Facilities and Improvements
2. Public Services
3. Removal of Slums and Blight on a Spot Basis

**Table 2B**  
**Priority Community Development Needs**

<b>Priority Need</b>	<b>Priority Need Level</b>	<b>Unmet Priority Need</b>	<b>Dollars to Address Need</b>	<b>5 Yr Goal Plan/Act</b>	<b>Annual Goal Plan/Act</b>	<b>Percent Goal Completed</b>
Acquisition of Real Property	L					
Disposition	L					
Clearance and Demolition	L					
Clearance of Contaminated Sites	L					
Code Enforcement	L					
Public Facility (General)			\$400,000	TBD		
Senior Centers	M					
Handicapped Centers	L					
Homeless Facilities	L					
Youth Centers	L					
Neighborhood Facilities	M					
Child Care Centers	L					
Health Facilities	L					
Mental Health Facilities	L					
Parks and/or Recreation Facilities	H		\$1,000,000	10	2-4	
Parking Facilities	N/A					
Tree Planting	M					
Fire Stations/Equipment	M		\$142,000	5		
Abused/Neglected Children Facilities	L					
Asbestos Removal	M					
Non-Residential Historic Preservation	M					
Other Public Facility Needs						
Infrastructure (General)						
Water/Sewer Improvements	H					
Street Improvements	H		\$380,000			
Sidewalks	H		\$700,000			
Solid Waste Disposal Improvements	M					
Flood Drainage Improvements	L					
Other Infrastructure						
Public Services (General)						
Senior Services	H		\$320,000			
Handicapped Services	H		\$100,000			
Legal Services	M					
Youth Services	H		\$57,500			
Child Care Services	M					
Transportation Services	H		\$580,000			
Substance Abuse Services	M					
Employment/Training Services	M					
Health Services	M					
Lead Hazard Screening	H					
Crime Awareness	L					
Fair Housing Activities	H		\$200,000			
Tenant Landlord Counseling	M					

Priority Need	Priority Need Level	Unmet Priority Need	Dollars to Address Need	5 Yr Goal Plan/Act	Annual Goal Plan/Act	Percent Goal Completed
Other - Foreclosure Counseling	H		\$225,000			
Economic Development (General)						
C/I Land Acquisition/Disposition	n/a	n/a	n/a	n/a	n/a	n/a
C/I Infrastructure Development	n/a	n/a	n/a	n/a	n/a	n/a
C/I Building Acq/Const/Rehab	n/a	n/a	n/a	n/a	n/a	n/a
Other C/I	n/a	n/a	n/a	n/a	n/a	n/a
ED Assistance to For-Profit	n/a	n/a	n/a	n/a	n/a	n/a
ED Technical Assistance	n/a	n/a	n/a	n/a	n/a	n/a
Micro-enterprise Assistance	n/a	n/a	n/a	n/a	n/a	n/a
Other						

58. Identify any obstacles to meeting underserved needs.

Obstacles to meeting the community development needs include lack of funding and competition between local units of government.

### Specific Community Development Objectives

59. Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.

NOTE: Each specific objective developed to address a priority need, must be identified by number and contain proposed accomplishments, the time period (i.e., one, two, three, or more years), and annual program year numeric goals the jurisdiction hopes to achieve in quantitative terms, or in other measurable terms as identified and defined by the jurisdiction. 24 CFR 91.215(a)(4)

Kent County has historically utilized an allocation strategy for Community Development Block Grant (CDBG) to distribute funds to eligible local units of government within Kent County.

The basis for this allocation strategy was the opportunity to provide additional CDBG funds based on higher percentages of low-to moderate-income persons residing within the jurisdiction.

After review of demographic information on the county level, data collection and preparation of the 2010-2015 Consolidated Plan, consultation with local units of government, consultation with public and private housing and community development agencies, and review of the existing process for the allocation and implementation of CDBG funds, Kent County will continue the strategy of needs-based programming at the local governmental jurisdictional level.

Non-housing community development activities are targeted to the thirty-three (33) Participating Communities within Kent County and located within geographic areas which benefit low- and moderate-income households. Because of the enormous geographic size of this type of program at



the county level, the Kent County CDBG Program has adopted the program philosophy of allowing its Participating Communities to allocate funds to eligible projects, programs, and locations within detailed administrative guidelines. These proposed projects are then evaluated for eligibility by the Kent County Community Development Department staff and the HUD Detroit Field Office. Kent County believes that the local decision-making process is best suited to identify local eligible program and project needs.

Once approved as being CDBG eligible, the projects have historically fallen into the following categories:

- Parks and Recreation/Trails
- Seniors (public services) with 15% going to Dial-a-Ride Transportation
- Sidewalk Accessibility
- Fire Equipment

These types of projects have proven to meet the needs of the local communities and the challenges they face. It is expected that future requests will generally fall into similar categories.

### **Neighborhood Revitalization Strategy Areas 91.215(g)**

60. The jurisdiction does not have any Neighborhood Revitalization Strategy Areas,

### **Barriers to Affordable Housing 91.215 (h)**

61. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.

The following strategies are proposed to address the specific Kent County barriers listed above and referenced throughout this Analysis:

1. Continue to work with the Fair Housing Center of West Michigan as the region's Fair Housing organization
  - a. The FHCWM has been active in the region for 30 years and has an existing framework in place to provide education, outreach, fair housing testing, advertising analysis and more.
  - b. The County has the opportunity through an annual contract renewal process to hone the services of the FHCWM to address impediments to fair housing in Kent County based on needs identified in the prior year.
  - c. Based on the declining number of housing test cases in recent years, determine whether funds should be targeted to increase housing testing, realizing that fair housing regulations are only as good as the enforcement thereof.
  - d. Work with the FHCWM to include religion and age discrimination in information programming to ensure that discrimination is identified, not tolerated, and properly addressed regardless of type

- e. Work with contracted FHCWM to expand enforcement of fair housing choice into rural areas, where such issues often go unnoticed.
- 2. Research whether a Countywide Fair Housing Ordinance would be an effective tool to increase fair housing outcomes in Kent County.
  - a. While other counties have successfully adopted fair housing ordinances, it is not a one-size-fits-all solution. Kent County may benefit from such an ordinance, but much background research would be required to estimate the feasibility of such an effort.
- 3. Promote Increased Public Transportation Access and Access to Job Training activities throughout the County
  - a. Continue participation with The Rapid's Transit Master Plan to promote and actively participate in review of existing transportation routes to link transportation and job employment centers to where lower-income persons and families reside.
  - b. Explore creation of one or more "satellite" fair housing resource centers in rural areas to promote access to resources in areas where mobility and transportation are limited.
- 3. Create a Fair Housing Web Page on the Accesskent.com to increase access to fair housing resources.
  - a. Include copies of all fair housing resources currently distributed to program participants in the Housing Choice Voucher program (tenants and property owners).
  - b. Include links to other relevant Fair Housing information sites.
  - c. Provide model language to municipalities and townships to assist in implementing Housing Plan elements by highlighting existing plans such as Kentwood.
- 4. Promote County-wide Source of Income Protection
  - a. Explore establishment of source of income protection throughout the County
  - b. Promote broader acceptance of vouchers and development of affordable housing county-wide through public information on the facts about Housing Choice Vouchers and their purpose.
  - c. Attend at least one meeting of the Regional Property Managers Association annually to provide information about Housing Choice Vouchers and provide a point of reference for property owners who may or may not be participating in the program.
- 6. Cooperate with public/private institutions to provide better access to aid and financing through continued participation in local task forces such as the Foreclosure Response Team.
  - a. Facilitate tracking and enforcement of financing disparities through download of annual HMDA data.
  - b. Seek Spanish speaking fair housing educators to address changing demographics and assist with all aspects of home ownership/rental requirements.

5. Further explore the Development of a rental registration and landlord training program
  - a. While rental registration can be a tool for improving housing conditions, the implementation of such a program can have unintended side effects on low-income residents and non-profit housing providers. Carefully identify the objectives of rental registration and potential impacts of implementation.
  - b. Provide increased fair housing training programs and education for landlords, particularly new landlords.
6. Continue to support housing inspection efforts of the Health Department and housing rehabilitation for units identified through housing inspection activities.
  - a. Provide rehabilitation programs, particularly to elderly residents who are unable to perform basic maintenance and upkeep
  - b. Continue to receive referrals from the Health Department for homeowners needing assistance with housing-related health and safety violations.
  - c. Support local units of government in requiring that bank-owned properties are adequately maintained to ensure safety of surrounding neighborhoods.
  - d. Ensure that minimum accessibility standards are being adhered to through strict enforcement of building codes.
7. Continue to support affordable housing opportunities through the HOME Investment Partnership program particularly in communities seeking to provide eligible projects that meet a diverse range of housing needs.
  - a. Incorporate visit-ability standards into Kent County HOME program's new construction guidelines over the next year to increase visit-able units
  - b. Identify public-private partnerships to implement housing choice strategies- housing rehabilitation services, financial institutions, etc.

### **Lead-based Paint 91.215 (i)**

62. Describe the jurisdiction's plan to evaluate and reduce lead-based paint hazards and describe how lead based paint hazards will be integrated into housing policies and programs, and how the plan for the reduction of lead-based hazards is related to the extent of lead poisoning and hazards.

The KCHD has been responding with environmental investigations to cases of EBLLs since the late 1980s with a total of over 2,000 cases being reported during this time period. The city has also been addressing the presence of lead through its home rehabilitation programs, however it was not until Grand Rapids received a HUD Lead Hazard Control grant in 2003 that a formalized system was put into place that could be used for all of Kent County.

The Get the Lead Out! (GTLO!) collaborative was organized in 2001 in response to a need for a cooperative community approach to end childhood lead poisoning in Kent County. Over the next seven years significant improvement was made in the number of new cases of childhood lead poisoning. (See data.) The last meeting of the GTLO! collaborative was in December of 2009.

Although the collaborative no longer meets as a whole, there are two active sub-committees, Outreach Work Group and Lead Hazard Control Work Group. Outreach Work Group plans an

educational event each year, works on strategies to improve testing, and develops outreach and educational messages. The Lead Hazard Control Work Group is comprised of the sub-grantees the City of Grand Rapids' Lead-Based Paint Hazard Control Program and concentrates on outreach, enrollment and education regarding the housing program.

Because of the success of GTLO! in June of 2006 and the needs of the community in other areas of environmental health, the Children's Environmental Health Initiative (CEHI) was created. The mission of CEHI is to improve the quality of life, as it relates to environmental health for the children of Kent County. Five core indicators were initially targeted: 1) childhood lead poisoning, 2) carbon monoxide, 3) asthma, 4) radon and 5) mercury. The goal of the healthy homes model is to reduce health disparities in children's environmental health.

The CEHI meets as a collaborative body of non-profit, community-based, and governmental agencies. Participants include West Michigan Environmental Action Council, Asthma Network of West Michigan, Healthy Homes Coalition, Sustainable Research Group, Kent County Health Department, Michigan Department of Community Health and the Department of Natural Resources and Environment, US EPA Region 5, Grand Valley Metro Council, and First Steps.

In 2008 a strategic plan for CEHI was developed with the help of consultants. In early 2009, with the help of two intern students from Harvard School of Public Health, a Logic Model for the healthy homes campaign was created. The CEHI meets bi-monthly at the Kent County Health Department.

From the 2009 CEHI Healthy Homes Evaluation Plan:

"Parents will be referred to the CLEARCorps program for assistance with conducting visual assessments of their homes, developing action plans to address identified deficiencies, taking first steps, and evaluating the impact of their interventions. Partners will also refer families and rental property owners to the City of Grand Rapids' HUD-funded Lead Hazard Control program. The Childhood Lead Poisoning Prevention Program at the Kent County Health Department, as it transitions to a healthy homes model, will provide case management, prevention and outreach, surveillance and enforcement of County Housing Regulations, and coordination of the blood lead testing program in county clinics through WIC. The Program and the Community Nursing Division will also participate in the healthy homes assessment project."

### **Antipoverty Strategy 91.215 (j)**

63. Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually
64. Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.

The County's goals, programs and policies for reducing the number of poverty-level families are to support programs that help stretch scarce resources for families and individuals living in poverty. The 2011 Health and Human Services Poverty Guideline for a family of four living is \$22,350. For a single person, the level is \$10,890. With the minimum wage at \$7.40 an hour, a single person would be able to earn \$15,392 working full-time. To pay no more than thirty percent of their income toward housing (HUD's definition of affordability) they would need a unit costing \$384 or less per

month. In Kent County, the fair market rent for a one bedroom apartment is \$606 (Kent County Housing Commission 2011 Payment Standard) which exceeds what people earn working for minimum wage can afford, in particular when they do not get full-time hours. With the fair market rent of a two bedroom apartment at \$730, a one-wage earner household would have to earn an annual wage of \$30,000 or \$15 an hour to afford a market rate apartment.

The County utilizes fifteen percent of its annual CDBG entitlement grant to support services in the community which are designed to increase access to basic services for very low income individuals. These services include transportation for the elderly and persons with disabilities, youth services, meals for seniors both home-delivered and at congregate dining sites, and support for senior centers which provide information and referral to seniors. In addition, housing programs offered by the County through the CDBG, HOME and other HUD-funded programs assist low-income individuals either directly with housing subsidies or through improvements to their living environment. By improving access to services people can gain the tools they need to meet their daily needs and those of their children. Weatherization services can decrease utility bills leaving funds available for other costs of living.

The Kent County Housing Commission addresses alleviation of poverty through its Family Self Sufficiency (FSS) program. Voucher holders voluntarily participate in the FSS program, in which they work with a caseworker to create a personal plan to save money, increase their education and/or job skills, and in some cases purchase a home.

### **Institutional Structure 91.215 (k)**

65. Provide a concise summary of the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, community and faith-based organizations, and public institutions.
66. Provide an assessment of the strengths and gaps in the delivery system.
67. Describe efforts to enhance coordination with private industry, businesses, developers, and social service agencies, particularly with regard to the development of the jurisdiction's economic development strategy. (91.215(l))

### **Coordination 91.215 (l)**

68. Describe the efforts to enhance coordination between public and assisted housing providers and governmental health, mental health, and service agencies.
69. Describe efforts in addressing the needs of persons that are chronically homeless with respect to the preparation of the homeless strategy.
70. Describe the means of cooperation and coordination among the state and any units of general local government in the metropolitan area in the implementation of the plan.

71. Describe efforts to enhance coordination with private industry, businesses, developers, and social service agencies, particularly with regard to the development of the jurisdiction's economic development strategy.
72. Describe the jurisdiction's efforts to coordinate its housing strategy with its transportation planning strategies to ensure to the extent practicable that residents of affordable housing have access to public transportation.

### **Institutional Structure and Coordination Response**

The County of Kent Housing and Community Development Five-year Strategic Plan is implemented through the efforts of many entities in the public and private sector. This section gives an overview of the institutional structure involved in carrying out the Strategic Plan.

#### **PUBLIC INSTITUTIONS**

##### **County of Kent**

##### **Kent County Community Development Department**

The Community Development Department administers the Community Development Block Grant, HOME, Shelter Plus Care, and Recovery Act Programs and is responsible for preparing the Consolidated Plan. Each year the Department receives proposals from each of the Local Units of Government (LUOGs) and local nonprofit organizations to address the needs identified in the Five Year Strategic Plan. The County enters into contracts with non-profits for provision of public services. Cooperation agreements are established with the LUOG's to carry out infrastructure and public facility projects in their CDBG target areas.

The *Housing Rehabilitation Program* within the Kent County Community Development Department provides housing rehabilitation loans to low-income homeowners who have housing code violations and conditions that threaten the health and safety of the homeowner. The Housing Rehabilitation Specialist assesses the unit and determines the needs and budget. Some of the activities covered include repair or replacement of roofs and furnaces, septic system, wells, and lead hazard reduction activities. The Rehabilitation program receives referrals from the Health Department when inspections to properties in the jurisdiction do not meet health and safety standards and the owners meet HUD income guidelines.

##### **Kent County Health Department**

The Environmental Health Division within the Health Department is the primary code enforcement entity for the Housing Regulations for Kent County. Based on size and capacity of the individual LUOG's, not all have a housing code department, and not all have a specific local maintenance code. However, all municipalities are required by the State of Michigan to have a Housing Code Official registered by the state. The County Health Department helps implement the Five-year Strategic Plan by improving housing conditions through enforcement of the Housing Regulations for Kent County. The Health Department also has a major role in the metropolitan area's response to lead poisoning and prevention which is discussed later in the document.

##### **Kent County Housing Commission**

The Kent County Housing Commission (KCHC) is one of four active local public housing authorities in Kent County (Grand Rapids Housing Commission, Wyoming Housing Commission, Rockford Housing Commission). It is comprised of five members who represent the County's citizens and are

knowledgeable in real estate and/or property management. At least one member of the Commission is a tenant of public or subsidized housing. Members are appointed by the Board of County Commissioners, for terms of five years.

The KCHC operates a Housing Choice Voucher (Section 8) program as well as a Family Self-sufficiency and Homeownership Program. The Homeownership Program assists KCHC Housing choice voucher families with the option of transferring their rental voucher into a homeownership voucher. Eligible families can then purchase an approved home with KCHC's voucher assistance. KCHC staff reviews and the KCHC Director provides certification that the Five-Year and Annual PHA Plans are consistent with the County's Consolidated Plan. In 2009-2010, the KCHC successfully applied for and received new vouchers to serve Veterans as well as families referred by the Department of Child Protective Services through the Family Unification Program. The Housing Commission will apply for additional housing choice vouchers as the opportunities arise. For instance, in some cases when Low Income Housing Tax Credit property affordability periods expire the opportunity may exist to apply for enhanced vouchers.

### **Kent County Land Bank Authority**

The Land Bank Fast Track Authority was created under the Land Bank Fast Track Act, 2003 PA 258, MCL 124.751 to 124.774, in 2010 in order to address disposition of tax-foreclosed properties in a manner that has the potential to meet community development needs in the County. The Land Bank Board is chaired by the Kent County treasurer and includes one township Board member, one County Board member, one member of the Grand Rapids City Commission and one City Council or Commission member for any city located in Kent County other than the City of Grand Rapids. A Citizen's Advisory Board is also planned. The hope is for the Land Bank to facilitate affordable housing development through various means including but not limited to the acquisition and clearing of blighted housing, and assistance to nonprofit housing developers with costs that can be covered through Brownfield status of Land Bank properties. The Kent County Community Development Department will seek ways to collaborate with the Land Bank to meet the goals of providing affordable housing and improve neighborhood stability in the County target areas and the HOME consortium jurisdiction.

### **Local Units of Government**

The thirty-three (33) governmental units located in Kent County outside the cities of Grand Rapids and Wyoming are eligible to participate in the Kent County Urban County CDBG and HOME programs. Participation in the urban county is renewable every three years. The local units include:

#### **Townships:**

#### **Cities:**

East Grand Rapids  
Grandville  
Kentwood  
Lowell  
Rockford

#### **Villages:**

Village of Caledonia  
Village of Casnovia  
Village of Cedar Springs  
Village of Kent City  
Village of Sand Lake  
Village of Sparta

Ada Township  
Algoma Township  
Alpine Township  
Bowne Township  
Byron Township  
Caledonia Township  
Cannon Township  
Cascade Township  
Courtland Township  
Gaines Township  
Grand Rapids Township  
Grattan Township  
Lowell Township

Nelson Township  
Oakfield Township  
Plainfield Township  
Solon Township  
Sparta Township  
Spencer Township  
Tyrone Township  
Vergennes Township

### The Rapid

The Interurban Transit Partnership, also known as The Rapid, is the transportation authority that provides a range of public transportation services for the Grand Rapids metropolitan area. The Rapid operates fixed route, demand-response services for people with disabilities and those living outside the fixed-route service area, and car and vanpooling programs among other services. A 15-member board of directors representing the six municipalities in the service area, oversees the activities of The Rapid. In recent months, extensive community input has been collected in the formation of a transit master plan to guide the growth of public transportation in Kent County over the next 20 years. Kent County Administrator Daryl Delabbio participated in the Mobile Metro Task Force along with leaders from other municipalities served by the Rapid, to lead the Transit Master Plan (TMP) process. The five agreed upon public priorities include: 1) Expand Span of Service; 2) Improve Service Frequencies; 3) Expand Choices (Bus Rapids Transit (BRT) and modern Streetcar); 4) Extend Service outside of ITP Service Area; 5) Improve Service in Underserved Areas.

### COMMUNITY COLLABORATIONS

**Community Research Institute (CRI):** CRI is a collaboration between the Grand Rapids Community Foundation and Grand Valley State University. CRI provides a critical role in gathering, analyzing, interpreting and sharing national and local data with local nonprofits and community institutions. The information they provide enables organizations and municipalities to make better decisions based on demographic and economic trends, and to plan for future needs. CRI has an excellent website at [www.cridata.org](http://www.cridata.org) which provides access to their numerous reports and community profiles. With the 2010 census data emerging, CRI will play an important role in making sense of the data and putting it in a format that local groups can use. The CRI has been instrumental in providing up to date foreclosure data to inform the efforts of the Foreclosure Response Team.

**Healthy Homes Coalition of West Michigan:** Healthy Homes grew out of the Get the Lead Out Collaborative, to address housing conditions in west Michigan that harm children in addition to lead-based paint. They seek to educate parents, landlords, and other community members about the effects of the home environment on children's health and reduce children's exposure to environmental hazards that lead to asthma and other health problems. The Kent County Health Department partners with Get the Lead Out!

**Kent County Emergency Needs Task Force (ENTF)** The Emergency Needs Task Force has been working since 1982 to develop and support management of the basic service systems such as food, shelter, utilities, transportation and employment so that the basic needs of all Kent County are met. ENTF recognizes that poverty reduction will prevent emergencies as people have the means to meet their needs and grow in self-sufficiency. The Task Force has several working committees to address the root causes of poverty, and coordinate the many organizations working toward similar ends. For instance, the ENTF Food Subcommittee, which is comprised of over 30 organizations, works to ensure that all people of Kent County have access to safe, affordable, and nutritious food. Other committees/subcommittees include Coordinating Committee, Leadership Committee, Coalition to end Homelessness/Shelter, Economic & Workforce Development, Transportation, and Energy Efficiency. Each year the organization meets to review accomplishments from the prior year and clarify their agenda for the coming year.

**Permanent Housing Coordinating Council (PHCC).** City and County community development agencies, nonprofit housing developers, the local Housing & Urban Development Office, representatives from the Local Initiative Support Corporation, Michigan State Housing Development Authority, and the Corporation for Supportive Housing participate in the PHCC. The



PHCC meets quarterly to share information and strategies on housing development issues. Members of the PHCC carry out the HCD Plan by discussing the development of affordable rental and homeownership units in Grand Rapids and adjoining communities.

**Foreclosure Response:** More than forty groups from the City and County came together in December of 2007 to organize a response to the foreclosure issue hitting the region. Over the following years, the organization met monthly and developed an action plan in order to reduce the number of foreclosures in Kent County, measure the size and extent of the problem and how it continued to unfold, and to increase public awareness of tools and services available to prevent foreclosure. In 2011 the group is wrapping up its initial purpose and still sees critical activities to continue in some type of organizational form. County participation will continue as the group evolves in order to ensure that out-county area needs continue to be addressed. The group was supported by a grant from the Grand Rapids Community Foundation and Dyer Ives foundation.

## NONPROFIT INSTITUTIONS

**Fair Housing Center of West Michigan** The Fair Housing Center of West Michigan is a private, nonprofit organization established in 1980 “to ensure equal housing opportunity as guaranteed under federal, state, and local fair housing laws.” To that end, the Center provides education and outreach, and investigates complaints of housing discrimination through paired testing. While their original service area was primarily the City of Grand Rapids and surrounding area, they now serve an 11 county region. The Center receives funding from the U.S. Department of Housing and Urban Development, membership dues, and contracts with local units of government. Each year they organize an Annual Fair Housing Workshop and Luncheon series, providing critical training and education to community leaders about the ongoing national and local efforts to eliminate housing discrimination and to promote fair housing choice. The Fair Housing Center is a key partner to the County in affirmatively furthering fair housing through their provision of fair housing education, complaint assistance and advocacy.

**Foundations and Funding Agencies** Various foundations and funding agencies in the area provide funding and technical assistance to organizations providing housing and social services. Supporting organizations include but are not limited to the Heart of West Michigan United Way, Local Initiatives Support Corporation (LISC), Michigan State Housing Development Authority (MSHDA), the local Federal Emergency Management Agency (FEMA) Board, and the Family Independence Agency, as well as the Grand Rapids Community, Steelcase, Frey, and Dyer-Ives foundations.

### **Affordable Housing Developers**

Several non-profit and for-profit housing developers are active in Kent County. While many are based in Grand Rapids, the recent availability of federal funds to address foreclosed properties has facilitated expansion of the geographic boundaries of the key non-profit housing organizations.

Since the first year their HOME Investment Partnership program in 1996, the County of Kent has worked with the following developers: Habitat for Humanity of Kent County, Inner City Christian Federation (ICCF )Nonprofit Housing Corporation, LINC Community Revitalization, Inc. (formerly known as Lighthouse Communities, Inc.).

The County of Kent has certified two organizations as Community Development Housing Organizations (CHDOs) for the purpose of producing HOME-assisted units in the County of Kent jurisdiction. These include:

LINC Community Revitalization 1422 Madison Ave. SE Grand Rapids, MI 49507 (616) 451-9140 Jeremy DeRoo, Executive Director	ICCF Nonprofit Housing Corp. 816 Madison Ave. SE Grand Rapids, MI 49507 (616) 336-9333 Jonathan Bradford, ED
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Other developers located outside the city also contribute to the affordable housing units, primarily through Low Income Housing Tax Credits program.

Housing Counseling and Home Ownership Classes: Several HUD and MSHDA-approved Homeowner counseling programs exist in the County although primarily located in the City of Grand Rapids.

#### PUBLIC SERVICE PROVIDERS

The listing below includes public service organizations with which the County directly contracts to provide CDBG-funded public services to low-income Kent County residents.

Arbor Circle Corporation (Teen parenting services)  
Area Community Service Employment and Training (ACSET) (Weatherization)  
Disability Advocates of Kent County (Accessibility modification consultation and information and referral)  
Home Repair Services (Minor home repair, accessibility modifications)  
HOPE Network/ North Kent Transit  
North Kent Community Services (formerly North Kent Service Center) (Homeless Prevention and Rapid Rehousing)  
Senior Neighbors (Senior Center services, information and referral)  
Senior Meals (daily nutritious meals and well-check to homebound seniors, congregate meals)

#### FOR PROFIT INSTITUTIONS

**Financial Institutions:** Access to credit and primary banking services are critical to everyone, yet not always available in neighborhoods of low- and moderate-income concentrations. In Kent County, an active group of lenders meets on a regular basis to discuss community reinvestment act issues. With the advent of the Recovery Act programs such as the Neighborhood Stabilization Program, lenders have sought to participate with NSP developers and meet lending needs of NSP homebuyers. Kent County looks to local lenders to participate in the HOME Down payment assistance program. Several local financial institutions participate in the Michigan State Housing Development Authority's single family homebuyer programs and are willing to work with the County as well.

Home and Building Association of Greater Grand Rapids. The Home & Building Association of Greater Grand Rapids (HBAGGR) is a professional trade association supporting the home building industry in West Michigan. The Association participates in a Community Repair Day in Grand Rapids, and provides grants to community service programs focusing on special needs housing. HBAGGR sponsors an Affordable Housing Committee that addresses barriers to affordable housing.

Rental Property Owners Association (RPOA). The RPOA was formed in 1968 to address the needs of rental property owners in west Michigan. A member organization, their mission is to "Promote a local and statewide business climate conducive to sustaining profitability and the effective

management of real estate investments; promote a positive image of the real estate investment industry; encourage professionalism within the membership; and provide membership with the opportunities and services to enhance their skills and profitability. RPOA has been an active partner in the Get the Lead Out! Initiative and have offered training opportunities to landlords to get training on the most recent Lead-safe work practices.

#### INSTITUTIONAL STRUCTURE - HOMELESS

Grand Rapids Area Housing Continuum of Care (HCOC). The Grand Rapids Area Housing Continuum of Care (HCOC), also called the Grand Rapids Coalition to End Homelessness began as a subcommittee of the Kent County Emergency Needs Task Force with over 60 nonprofit, private, and public organizations, as well as homeless or formerly homeless individuals. It now operates under the umbrella of "Roots to Roofs". The Coalition provides guidance on overall policy issues related to homeless programs and services, oversight of subcommittees that provide members with an opportunity to work directly on high priority issues, and the development of the Continuum of Care Planning document, which ranks applications for federal McKinney homeless funds and state homeless funds.

#### STRENGTHS AND GAPS IN DELIVERY SYSTEM/COORDINATION

No gaps in coordination were identified through the Consolidated Planning process although it appears that the collection and dissemination of pertinent data is a challenge. More specifically, since many of the housing and social service programs are focused on the City of Grand Rapids, it becomes difficult to separate the client information from Kent County. This problem is even more pronounced with the collection of data related to homeless persons. More accurate collection of information by service delivery providers/grant recipients should be a requirement for participation in the Kent County program. It is important to make sure that the requirement is not overly burdensome in relation to the amount of money they receive or it will lead to a lack of participation.

While the County has a strong, comprehensive institutional structure providing a wide range of services, access to services is not equal. A need exists for local agencies to provide services in outlying areas for those who are not able to travel to centralized service locations by establishing satellite locations or providing services in a "host" space on various days of the week with hours which can accommodate working residents. While public transportation may be available, often people must travel long distances for basic services which may limit their ability to obtain needed services.

Another strength in the Kent County institutional structure has been the ability to mobilize rapidly to get federal stimulus dollars into the community through experienced local agencies.

#### **Monitoring 91.230**

73. Describe the standards and procedures the jurisdiction will use to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.

Monitoring is directed toward financial performance and program/project performance. The purpose of monitoring activities are to:

- Ensure compliance with federal regulations and contract requirements

- Ensure timely expenditure of grant funds
- Track CDBG service and LUOG project performances
- Identify necessary assistance

#### Monitoring Plan/Schedule

A yearly on-site monitoring schedule for CDBG Services will be set by Kent County Community Development and documented in a monitoring calendar. LUOG projects being assisted with CDBG funds will be monitored after the “notice to proceed” has been issued.

Kent County Community Development will perform a yearly on site monitoring visit on each service organization to verify that the subrecipient is operating in accordance with the contract and applicable regulations as well as to ensure that the service files contain all the required documentation.

#### Minimum Service File Documentation:

- Contract
- Program Description
- Liability Insurance Certificate
- Monitoring Checklist
- Correspondence
- Quarterly or Monthly reports, as required by the contract
- Outcomes
- Demographics
- Budget
- Organizational Chart
- List of Board of Directors
- Written Administrative Policies
- Outreach Brochures

Kent County Community will perform an on-going review of each LUOG project assisted with CDBG funds to verify that the subrecipient is operating in accordance with the contract and applicable regulations as well as to ensure that the project files contain all of the required documentation.

#### Minimum Project File Documentation:

- Project Proposal Form
- Copy of Board/Council Minutes
- Copy of Kent County Board Resolution
- Location Map with Census Tract Data
- Copy of contract (and any amendments / extensions)
- Environmental Review Documentation
- SHPO Review
- Status reports, if required by grantee
- Davis Bacon requirements
- Any supplemental correspondence

#### Pre-Monitoring Activities

##### **Risk Assessment**

1. Kent County Community Development Department will send a Risk Assessment Questionnaire to all CDBG Subrecipients receiving funds for services.

2. Kent County Community Development Department will use this questionnaire to determine the level of monitoring necessary for each organization.

### **Subrecipient Notification**

1. Kent County Community Development Department will contact the Service Organization or contractor by phone or email at least 7 working days prior to schedule a visit.
2. Kent County Community Development Department will send a Notification Letter to the Service Organization at least 14 days prior to the on-site visit which includes:
  - Confirmation of date, time, and duration of visit
  - Description of the information that will be reviewed during the visit
  - List of documents to be provided for review during monitoring process
  - Requirements for staff members to be available during the visit
  - Office Space required

### **Desk Audit**

Kent County will review all applicable records internally before conducting an on-site monitoring visit. These documents include:

- Project Proposal
- Contract
- Invoices/request for payment
- Monthly or quarterly reports as required by contract
- Draw sheets
- Correspondence, if any
- Prior Monitoring reports
- Single Audit

### **On-Site Monitoring Activities**

Kent County Community Development Department will perform a structured review at the location where project/program activities are carried out.

#### **On-Site Process:**

1. Introduction – Staff will meet the Program Manager provide an introduction as a representative of Kent County Community Development. Discuss scope, purpose and schedule of visit. Explain that this activity is being funded through the Community Development Block Grant and as such must be monitored for appropriate use of funds and adherence to HUD regulations.
2. Documentation, data gathering, and analysis – Document findings in note form or on the CDBG Subrecipient checklist. Gather any data requested on the notification letter. Review and analyze any applicable program and financial data on site. Interview and observe applicable staff.
3. Exit Conference (services only) with key subrecipient representatives to:
  - Present preliminary results of the monitoring visit
  - Provide opportunity for subrecipient to correct misconceptions or misunderstandings
  - Secure additional information from sub recipient's to clarify/support their position

- Allow subrecipient to report any steps or progress to correct the agreed-upon deficiencies

Note: Documentation should be made on what was discussed and conclusions reached on areas of agreement and disagreement about the monitoring results.

### **Post Monitoring Activities**

#### **Monitoring Correspondence**

Notes from the exit conference, or a preliminary letter/report may be provided to the subrecipient/contractor via email within a few days of the on-site monitoring visit. This can allow the subrecipient/contractor to provide missing documentation or to resolve minor issues before the Initial Determination Letter is sent.

Letter/Report Guidelines:

- Determination Letters should:
  - Contain Findings (with Corrective Actions) and/or Concerns (with Recommendations).
  - If no Findings or Concerns exist Subrecipient should be given formal recognition of a successful program.
  - Sent to sub recipients within 60 working days of the on-site monitoring visit. The letter requests a response within 60 working days. Note: Depending on the nature and number of Findings, sub recipients may be granted additional time to respond. A request for an extension must be submitted in writing prior to the response deadline stated in their Initial Monitoring Letter.
  - All monitoring letters must be reviewed and approved by a manager or the director before they are sent to the subrecipient.
  - All monitoring letters must be sent with a signed copy of the monitoring checklist.
  - All correspondence becomes a permanent, written record in the sub recipient's project or monitoring file.

### **HOME MONITORING**

As the lead agency in the HOME program, Kent County Community Development Department assumes lead responsibility for ensuring compliance of all HOME program activities. To that end, the following are monitoring activities and responsibilities of the Community Development Department as the lead agency.

For any HOME activity, compliance review can occur at up to four stages in the process:

1. At time of project selection and approval: The applicable subrecipient/subgrantee is responsible for assembling all required information and submitting it to Community Development Department, subsequent to commitment of funds;
2. During implementation, construction and disbursement: In addition to routine Kent County HOME program monitoring of HOME-funded projects, the applicable subrecipient/subgrantee is responsible for monitoring implementation of the project, including construction monitoring, and for certifying and documenting compliance;

3. Upon project completion: Recapture of HOME funds under the Kent County HOME Program guidelines may be required (refer to the HOME Program narrative section in the Kent County Annual Action Plan); and

4. If rental units are assisted, ongoing compliance monitoring will occur annually in compliance with the requirements at 24 CFR 92.252 and 92.504(d) for on-site inspections.

All HOME compliance issues will be reviewed at one or more of these stages.

## **Housing Opportunities for People with AIDS (HOPWA)**

\*Refers to the HOPWA Table in the Needs.xls workbook.

74. Describe the activities to be undertaken with HOPWA Program funds to address priority unmet housing needs for the eligible population...

75. Identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.

76. The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings...

77. For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).

78. Provide an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.

79. Describe the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.

## **Specific HOPWA Objectives**

80. Identify specific objectives that the jurisdiction intends to initiate and/or complete in accordance with the tables\* prescribed by HUD.  
*Complete and submit Table 1C Summary of Specific Objectives or, if using the CPMP Tool, the Summaries.xls worksheets.*
81. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

**Housing Opportunities for Persons with AIDS (HOPWA):** HOPWA provides housing assistance and related support services for low-income persons with HIV/AIDS and their families. Program funds are distributed under a formula that is based on cumulative AIDS cases and area incidence. Grants are awarded from one of three programs: the HOPWA formula program which uses a statutory method to allocate HOPWA funds to eligible states and cities on behalf of their metropolitan areas; the HOPWA Competitive Program which is a national competition to select model projects or programs; and HOPWA National Technical Assistance Funding which provides awards to strengthen the management, operation, and capacity of HOPWA grantees, project sponsors, and potential applicants for HOPWA funding. (Source: <http://www.statehealthfacts.org/profileind.jsp?ind=531&cat=11&rgn=24&print=1>). In 2009, Michigan receives a formula allocation each year. Only the City of Detroit and the City of Warren receive their own formula allocation.

Community Rebuilders, 1120 Monroe NW, Suite 220, Grand Rapids. Michigan applies for HOPWA funds from the Michigan Department of Community Health each year. Their annual allocation for 2011 is \$100,000, an increase of \$25,000 from 2010.

- In 2010, 30 households consisting of 53 people were directly assisted with HOPWA funds.
- Households received housing case management and direct housing assistance. Direct housing assistance includes: assisting persons who are homeless in finding and maintaining rental housing; short term assistance to prevent homelessness and increase housing stability for those currently housed as home owners or renters; or Permanent Housing Placement assistance, in which an eligible household is provided first month's rent or deposit to get them established in a unit that they will maintain on their own.
- Housing Case management services are provided via HOPWA funding through Community Rebuilders.
- HOPWA consumers also receive medical case management through other providers in the community, those services are not paid for by HOPWA, but other sources.
- Community Rebuilders coordinates with referral sources such as Saint Mary's Special Immunology Department and others in the surrounding community to ensure HOPWA consumers are connected to medical providers.
- Community Rebuilders accepts referrals of eligible consumers from any source and where participant's HIV/AIDS status can be confirmed. This includes participants from outside of Kent County including Ionia, Newaygo, Muskegon, Ottawa, Oceana, Mason, Lake and Manistee (Region 5).
- Community Rebuilders is the only recipient of HOPWA funding in Kent County.
- All direct housing assistance through HOPWA is temporary, short or medium term assistance. There are some HOPWA participants who receive services, and then transition into a permanent support housing program funded through a source other than HOPWA. All of the Community Rebuilders HOPWA funds are provided to participants who are either stabilizing their current housing or they are identifying and acquiring new housing.



## OTHER NARRATIVES AND ATTACHMENTS

82. Include any Strategic Plan information that was not covered by a narrative in any other section. If optional tables are not used, provide comparable information that is required by consolidated plan regulations.

83. Attach copy of CHAS Housing Needs Data Tables from:  
<http://socds.huduser.org/scripts/odbic.exe/chas/index.htm>

84. Section 108 Loan Guarantee

Not Applicable: The County Does not have any Section 108 Loan Guarantees

85. Regional Connections

Describe how the jurisdiction's strategic plan connects its actions to the larger economic strategies for the metropolitan region. Does the plan reference the plans of other agencies that have responsibilities for metropolitan economic development, transportation, and workforce investment?

Preparation of this plan referenced the following regional plans:

Housing and Transportation: Affordability in Grand Rapids and Kent County, A report from the Grand Rapids Area Coalition to End Homelessness

Transit Master Plan Final Report, July 12, 2010, The Rapid.

Housing + Transportation Affordability in West Michigan, prepared by the Center for Neighborhood Technology, January 2010.

The Kent County Community Development Department recognizes that economic development is an important piece of community development strategy. During the five year strategic plan period, KCCD will consider including economic development activities in an Annual Action Plan if a specific CDBG-eligible project is identified that would meet a clear community need. In regards to non-discrimination and labor standards, CDBG and HOME fund recipients shall comply with all applicable Federal, State and local laws including but not limited to the following: the Fair Housing Act, as amended, 42 USC § 3601 et seq.; Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d-2000d-4 et seq.; Elliot-Larsen Civil Rights Act, Act. No. 453 of 1976, as amended et seq.; the Age Discrimination Act of 1975, as amended, 42 USC § 6101-6107 et seq.; Section 504 of the Rehabilitation Act of 1973, as amended, 29 USC § 794 et seq.; the Architectural Barrier Act of 1968, as amended, 42 USC § 4151 et seq.; the Barrier Free Design Act, 1966 PA 1, as amended, MCL 125.1351 et seq.; the Davis-Bacon Act, as amended, 40 USC § 3141 et seq.; the Copeland Anti-Kickback Act, as amended, 18 USC § 874, 40 USC § 3145, and as supplemented by 29 CFR Part 3; and the Federal Fair Labor Standards Act of 1938, as amended, 29 USC § 201 et seq.